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ABSTRACT

Child Care Dallas planned and implemented a project aiming to produce an employer-assisted family day care system which would meet the developmental needs of infants and toddlers, increase the community supply of infant/toddler care, be affordable for parents and employers, and demonstrate effective methods for recruiting and training competent caregivers. The result, the Employer-Assisted Home-Based Child Care Delivery System, was developed as a model through which employers could assist their employees in securing quality care for their infants and toddlers in family day homes developed specifically for them. After a brief introduction describing benefits of family day homes to infants and toddlers, parents, and employers, this guide to program replication offers advice about starting a family day home system, staffing the system, securing corporate participation, developing the day homes, caregiver training, parent-system relationships, managing the system, and system costs. Concluding remarks briefly explore additional issues and offer recommendations. Related materials, such as numerous forms, job descriptions, family day home agreement stipulations, caregiver training plans, day home program audit forms, and a system planning guide, supplement most of the discussions. (RH)

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# DEVELOPING AN EMPLOYER-ASSISTED FAMILY DAY HOME SYSTEM

## A Guidebook

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## PREFACE

Child Care Dallas is a United Way affiliate, founded in 1901 to serve low and moderate income families. In 1960, the agency inaugurated a family day home system in the belief that substitute care for babies is best offered by the natural, intimate setting of homes. The system was designed to legitimize and support home-based care as a profession through careful selection of care-givers, on-going training, regular monitoring, and the constant availability of staff support.

That system has grown from a handful of homes in the early years to over 50 in operation by 1987. Two caregivers have been in the system for over twenty years; one has provided care for more than fifteen years; another has been with the system for over ten years; and five have been providing care for more than five years.

The quality of the family day home experience for the children along with parents' expressed preference for this type of care for very young children led Child Care Dallas to the conclusion that family day care would be an appropriate option for employers considering ways in which to meet the child care needs of their work force. The resulting demonstration project, the Employer-Assisted Home Based Child Care Delivery System, was supported by the Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services as part of its Discretionary Funds Program. During the project period, the system provided care for 52 children of employees of six Dallas corporations.

The project touched many individuals. For some--corporate executives and members of the media--it helped to raise their awareness of the critical child care issues of our time. For others--parents and family day home caregivers--it forged linkages on behalf of children to insure that infant and toddler care was the best it could be. For the project staff, it demonstrated that a high level of commitment and a tolerance for frustration and ambiguity are as critical to launching a new program as are the skills and knowledge required by the job.

The project can touch many more individuals. This guide has been published to serve as a "how-to handbook" for others who believe in the future of good family day care as an important component in the array of corporate child care options. It is intended to be comprehensive and candid, enabling others to replicate the project's successes and anticipate, if not avoid, the disappointments. Above all, it is intended to illuminate the opportunities and challenges inherent in enhancing the professional stature of family day home caregivers and educating the business community about the importance of their work.

## ACKNOWLEDGMENTS

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There are many others to be thanked for their contributions to the development of this guide. They include the six Dallas corporations who participated in the family day home system on which this book is based, their employees, and the competent, nurturing women who cared for their children.

The employer-assisted family day home system could not have progressed from concept to reality without the substantial contributions of project manager Diana Range; family day home specialists Sharon Fink, Barbara Harrison, and Bonnie Hart, and the Child Care Dallas executive staff--Madeline Mandell, Executive Director; Sonya Bemporad, Executive Program Director; and Mike Reeves, Controller.

Finally, this guidebook could not have progressed from concept to reality without the considerable patience and technical expertise of Linda Licarde.

--R.L.B.

## INTRODUCTION

Family day care is the most commonly used form of child care today. Over 5 million children are cared for in the homes of relatives, friends, neighbors, or people whom their parents do not know other than as caregivers. Ninety-four percent of family day care consists of informal arrangements which, in many communities, are all but invisible.

Parents' preferences for family day care can be satisfied only when they have access to the service, yet finding a suitable family day home caregiver is often difficult and time consuming. Once a suitable caregiver has been selected, the parent's concern then turns to the hope that the caregiver will not get sick or choose to take a two-week vacation or decide to stop caring for children. And beneath these practical concerns is the key issue--"How can I be sure my child is being well cared for in the isolated setting of this person's home?"

A family day home system addresses these concerns through a structure for the organized delivery of the service. Parents have a single point of entry from which to access available care. Inside the system, caregivers are selected and trained to meet defined standards of care; their work is supported, and their role as professional caregivers is legitimized. Parents can be assured that the care in a family day home is monitored and that the caregivers can call upon expert staff. A system builds in redundancy--each caregiver has a pre-approved substitute, some homes can accommodate an extra child for a short time if both his own caregiver and her substitute are unavailable, and in the event of sudden crisis, system staff are available to respond.

A family day care system serving 100 children differs dramatically from a child care center serving 100. Each family day home is a separate site at which service is provided. The individual family day home caregiver is far more autonomous than a center-based caregiver. She makes all of the day-to-day decisions that affect the children in her care. The care she provides has more of the richness and flavor of her own individual personality, lifestyle, and culture than does that of a center-based caregiver. She is a person operating a private business within the comfortable and familiar setting of her own home. The caregiver, not the family day home system, is the primary service provider.

Because of these distinct attributes, a family day home system has its own unique staff requirements and management design aimed at supporting and strengthening caregivers' capacity to offer excellent care through positive relationships with the parents and children.

## What Family Day Homes Offer For Infants and Toddlers

Family day homes can provide care for children of any age. Their neighborhood settings make them suitable for before and after school care for school age children. Their small group size can offer an ideal environment for special needs children. Many parents choose family day care for preschool age children, sometimes in combination with a part-day or part-week group program. But the greatest potential of family day care is its ability to meet the greatest demand for child care--care for children under the age of three.

Infants and toddlers require a level of adult-child interaction and intimacy that is difficult and costly to achieve in the institutional framework of center-based care. Family day homes offer a natural, intimate setting for infants and toddlers and permit the kind of caregiver-child attachments which foster optimum development of the young child. Unlike center-based care which is subject to staff turnover and changing staffing patterns during the day, family day homes offer the potential for greater continuity of care. In an era in which most child care centers are modeled on schools and children begin "going to school" at age six weeks instead of at age six years, family day care provides an environment which is most like what the child in care would experience if she or he were at home with her or his own mother.

## What Family Day Homes Offer to Parents

The flexibility of family day homes with regard to location and hours during which care can be provided is important to parents. A family day home is more likely to be able to adapt to parents' overtime work or changes in work hours than a child care center would be. A parent who has more than one child needing care--an infant and a school-age child, for example--may find that one family day home can supplant the need for two separate child care plans.

One of the biggest advantages of family day care is the degree of control it offers to parents. In choosing a family day home caregiver, the parent is choosing the person who will actually care for her child--a choice which is rarely possible in center-based care. The choice tends to reflect not only

desired caregiving traits but also lifestyle, values, and culture. In addition, the parent has much more direct input into what her child's day will be like. If her child needs to nap earlier or later than usual, she can report that to the caregiver with reasonable assurance that naptime will be adjusted for her child. Day in and day out, at drop-off time and pick-up time, the parent and caregiver can share experiences and expectations.

In many instances, family day care relationships extend beyond the child care itself. What often begins purely as a business arrangement sometimes includes shared holidays or special occasions, joint family outings, or support during times of crisis.

## What A Family Day Home System Offers to Employers

There are several ways employers can assist employees in meeting their child care needs. In communities in which the supply of good day care is sufficient, resource and referral services or various forms of financial assistance may be appropriate mechanisms for helping parents gain access to available care. Where child care shortages exist, however, employers may consider creating new child care spaces.

The advantages to employers of creating new spaces in family day homes instead of child care centers include:

1. lower investment - There is less of an investment of both time and capital necessary to make a family day care program operational than to create a center-based program.

2. **no lost space** - A family day home network does not require the commitment of valuable work site space.

3. **demand-responsiveness** - Program capacity is responsive to actual, not estimated, demand. As the company's need for care increases or decreases, spaces can be added or subtracted.

4. **quick response** - Program start-up is relatively fast and the system can respond fairly rapidly to changes in demand for child care spaces.

5. **site flexibility** - Family day homes can be located near the work site, near employees' homes, or along commuter routes.

6. **scheduling flexibility** - A family day home network can easily respond to employees' varying work schedules.

7. **lower cost** - Family day care generally costs less per child than comparable center-based care.

These advantages make the family day home model especially attractive to many employers. The model is likely to be less attractive to employers who desire the visibility of an on-site center or whose employees live or work in areas in which recruitment of caregivers is likely to be difficult, including highly affluent or sparsely populated communities.

## STARTING THE FAMILY DAY HOME SYSTEM

### Choosing the Model

There are three basic models of service delivery that a family day home system can follow, each lending itself to employer support. The first model, and that on which most of the material in this guide is based, is one in which the employer contracts with an organization to develop and manage a family day home system. The caregivers must meet stipulated standards of care as well as contractual requirements including an agreement to provide care on an exclusive basis only to children referred by the organization. The organization sets and collects parent fees, sets and pays the caregiver payment rate, and may even supply all the equipment and materials necessary for the care. The parent is purchasing care from the system, subsidized by the employer.

A second model is one in which the employer contracts with an organization as a "broker" of family day home spaces. Care may be brokered in existing family day homes or in new ones recruited by the organization. The caregiver still must meet standards of care stipulated by the broker agency, but she can provide care to children other than those placed by the organization. She sets her own payment rate, collects parent fees and may be reimbursed by the employer through the broker for any amount the employer is contributing. She must purchase and maintain her own supplies and equipment. She is monitored regularly and must participate in training. The parent is purchasing care from the provider, with the employer contracting separately for the "brokerage" function.

A third model is a resource and referral system. This model offers the least quality assurance, especially in areas where family day care is minimally regulated, since the employer is contracting with the organization only for referrals. Although recruitment of caregivers and training should be offered by the system, there is no initial or on-going assessment of quality. In this model, the parent purchases care directly from the caregiver with no direct employer or system involvement.

While most employers tend to want to follow the path of least resistance (i.e. minimized involvement, minimized exposure), they express the desire for "quality care" for their employees' children. Thus, organizations interested in offering an employer-assisted family day home system should carefully consider which model will be most attractive to employers from the point of view of quality assurance as well as cost.

## Getting Started

Starting either the managed or brokered family day home system from scratch requires a minimum of four months during which the system staff must be assembled, meetings with employers and employees must be held, recruitment of caregivers must begin and management tools must be developed. It is a time of intense planning, focused decision-making, and much activity. Although the system may be considered officially underway when the first children have been placed in the first homes, the start-up period will continue for months.

The work is probably greater than one would anticipate precisely because of the unanticipated (a caregiver who so enjoys caring for infants that she herself becomes pregnant and is ordered by her physician to stay off her feet; the parent who needs care immediately but doesn't keep scheduled appointments to visit caregivers). Sometimes it's two steps forward, one step back--or worse, one step forward, two steps back. A delicate balance must be maintained in order to maximize the efficiency of the system and the commitment of the caregivers. Strategies to achieve that balance are discussed in Chapter 5.

The design of the family day home system begins at the point of service delivery. How many children will be cared for by each caregiver? How many caregivers will be recruited to meet what is projected to be the need? How much staff support will be required? What specialized skills will be needed? What will be the maximum caseload to be carried by program staff? What administrative staff is needed?

## Number of Children To Be Cared For

It is recommended that the maximum number of children to be cared for by each caregiver not exceed six, including her own preschoolers. If all children are under age three, a limit of four is preferable. Within either limit, the mix of children under age two should be carefully considered in order to enable the caregiver to provide the individual attention required by each child. Table I provides suggested guidelines for mixing various ages under 24 months.

TABLE I

NUMBER OF CHILDREN UNDER AGE TWO
PER FAMILY DAY HOME

| INFANTS<br>6 Weeks - 9 Months | OLDER BABIES<br>10 Months - 18 Months | YOUNG TODDLERS<br>18 Months - 24 Months |
|---|---|---|
| 2 | 0 | 0 |
| 1 | 1 | 1 |
| 1 | 0 | 2 |
| 0 | 2 | 1 |
| 0 | 1 | 2 |
| 0 | 0 | 3 |

Note: During the start-up phase of a family day home system, the heaviest demand is likely to be for infant care, requiring more homes to serve the projected number of clients. Instead of one family day home that conceivably could serve a total of six children, it may be necessary to recruit three homes - each serving two infants.

Number of Staff Required

In a small family day home system (fewer than 10 homes), one professionally trained and experienced person, with some administrative support, can develop and manage the system. A system in the range of 10-20 homes will require a full-time staff specialist and a system manager who also carries a caseload--working directly with caregivers or parents or both. As the system nears the next increment of 10-12 homes, another staff specialist can be added to absorb the manager's caseload as well as to work with the newest caregivers and/or clients.

Roles will change as the system grows. The manager initially may be heavily involved in the recruitment and development of homes, but as the number of homes increases, she/he must become more managerial and less operational. The staff specialist job may change from one of generalist to a true specialist function (see discussion on pages 15 through 17). The level of administrative support will require a full-time position.

Securing corporate clients is a major task which demands a level of attention and activity unlikely to be initially available from the system manager. That task should be the responsibility of a person who is adept at both oral and written presentations, who is comfortable in both group and individual settings, and who can be available to meet the scheduling requirements of corporate executives.

## STAFFING THE SYSTEM

### Family Day Home System Manager

The system manager provides the framework in which a network of highly diverse and geographically scattered service sites must function. The major organizational challenge relates to the problems inherent in physically gathering together for planning and supervision a staff who spend much of their time in a variety of different locations.

The manager must be competent in the professions of child development and social work. She or he must be a creative leader and a fiscally responsible administrator, able to accomplish these tasks:

- setting and tracking objectives for client enrollment and caregiver recruitment
- hiring and supervising system staff
- planning community-wide caregiver recruitment efforts
- insuring that the system is in compliance with local and/or state regulations governing family day care
- developing ways of informing corporate employees about the system
- arranging and often delivering group training for caregivers
- developing materials for parents and caregivers
- maintaining accurate records and reports
- implementing outreach efforts to community agencies in order to identify resources for caregivers and parents
- insuring that the system meets its financial goals through budgeting and forecasting
- insuring that the system delivers high quality child care

## Family Day Home Recruiter

Because of the level of activity required in the start-up phase, it is recommended that initial tasks related to recruiting, screening, and developing family day homes be the sole responsibility of whoever is assigned that job. Family day home recruitment demands a very high level of energy and activity concentrated on quick response to applicants and in-depth assessment of potential caregivers. The recruiter must demonstrate highly developed diagnostic or assessment skills as well as sensitivity, tact, and respect for applicants with regard to the personal information they reveal in the selection process.

The recruiter must be flexible in terms of her/his schedule and her/his ability to function in a variety of settings. She/he may be called upon to spend time negotiating for poster space with the local supermarket manager or addressing PTA or church groups. The job requires the ability to rapidly establish rapport with applicants. She/he must be respected as an authority by the caregiver applicant at the same time she/he is a guest in the applicant's home.

## Family Day Home Specialist

The individual responsible for enrolling employees in the family day home system also needs a high degree of energy. She/he is likely to be meeting parents at early hours or in the evening or for lunch at their work site or

on week-ends. It is this person who may be called upon most to articulate the elements of high quality child care, and this person should be able to respond effectively to demands which go counter to such quality.

She/he must understand parents who may be conflicted about leaving their children, especially their firstborn, in order to return to work. This position should be staffed by someone of experience and maturity as the professional posture of the position may be challenged by anxious parents who feel that "the customer is always right". The family day home specialist must be able to understand the motivations and concerns of parents and offer insightful help to them in dealing with the pressures they feel. It is this person who provides child development information to parents in a useful, nonjudgmental manner and educates them as consumers of family day care. She or he will be the parents' continuing contact with the system.

## Generalist or Specialist

To operate effectively, a family day home system must integrate the knowledge and skills of two diverse professions: child development and social work. It is rare to find staff who have a high degree of skill in both of these areas. However, because of cost considerations, efforts to streamline tasks and reduce duplication are important.

The original model on which this guide is based required family day home specialists to be generalists, serving both the caregiver and the parent in the areas of child development and social work. In the generalist model, each family day home specialist was responsible for all tasks: recruiting

caregivers, screening and selecting them, training and monitoring them, and working with the parents from the point of intake throughout the children's stay in the program. Family day home specialists spent about 20% of their time in recruitment and screening of caregivers, 25% in selecting caregivers, 26% in monitoring and training caregivers, and 29% in contacts with parents (by phone, at their places of employment, or at the family day homes).

Recent evaluations of this model have identified the difficulty experienced by the social worker who does not have sufficient depth of knowledge in child development and by the child development specialist who does not how to practice social work. As a result, the system has moved from a generalist model to a more defined specialist model. Table II identifies the key factors that were weighed in the decision process.

TABLE II

| Generalist Model | |
|---|---|
| **Benefits** | **Problems** |
| Caregiver relates to one staff<br>Client relates to one staff<br>Integrated information--one staff knows "all the pieces"<br>Home visits by multiple staff not required | Lack of expertise in two important areas<br>Conflicting demands on time may occur (i.e. immediate response to client vs. planned training session)<br>Wide scope of work |
| **Specialist Model** | |
| **Benefits** | **Problems** |
| Narrower scope of responsibility<br>Job requirements compatible with professional identity<br>Higher quality of service possible<br>Increased efficiency of task performance<br>Keener focus on tasks | Staff back-up more difficult to achieve<br>Coordination of service to client more difficult<br>Staff supervision more diffuse and difficult<br>Duplication of contact with caregiver and client<br>Loss of information |

With the reduction in scope of work, each specialist has experienced an increase in the volume of work. In the generalist model, each specialist was responsible for all work in 10-12 family day homes, serving 30-50 families. In the specialist model, each child development specialist works with up to 21 family day homes, while each social work specialist carries a caseload of 104 families. The compression of tasks into specialized fields should eventually create savings in time, even though the narrower variety of tasks may prove to be more tedious for some staff.

Perhaps the over-arching considerations in deciding between the generalist and specialist model relate to the pace and productivity of the particular family day home system. It can be be very difficult for one generalist to be immediately responsive to clients and also be responsible for the methodical checking of detail required in a system which attends closely to quality through regular assessments and individualized training of caregivers. The work of the individual vested with the responsibility for record keeping, training, and monitoring should be protected from the intrusion of unpredictable outside demands. Similarly, the staff member with heavy client contact must be free to respond to clients' needs as they arise. Only if caseloads are small can one person respond to the whole spectrum of demands.

Job descriptions for the system manager and the "generalist" family day home specialist follow, along with competencies and performance evaluation criteria.

# Supplemental Materials

**********
* SAMPLE *
**********

## JOB DESCRIPTION

Program: Family Day Homes Date Evaluated: _____

Job Title: Program Manager

Exempt X Non-Exempt _____

If Exempt: Executive X Administrative _____ Professional _____

---

BASIC FUNCTION:

Responsible for the daily operation of the Family Day Home System. Supervises Family Day Home Specialists, plans, coordinates, and administers the system. Works under limited supervision of Executive Program Director with considerable demand for independent judgment and action.

ACCOUNTABILITIES

Insuring that agency's standards are met in the Family Day Home System.

Insuring that all homes in the system comply with local, state and federal regulations.

Insuring that utilization goals are met for the system.

Insuring that training plans for system staff and caregivers are carried out.

Insuring that resources and materials are available to meet objectives of the system.

Coordinating intermediate-range and day-to-day planning for all system functions and insures that these plans are carried out.

Meeting agency's business standards:

(a) maintains accurate reports and records including but not limited to equipment and supplies inventory, staff and children's attendance, purchase orders, etc.

(b) work within approved budget

Participating effectively in Executive Staff mid and long-range planning.

RESPONSIBILITIES

1. Hires and supervises Family Day Home Staff.
2. Recruits Family Day Home caregivers using a variety of resources including community resources, promotional material, presentations to groups, etc.
3. Prepares operating and management reports as required.

QUALIFICATIONS

Master's degree in social work, child development, or early childhood education required.

QUALIFICATIONS (CONT'D)

Three years' successful experience in the administration of a program serving children or families.

Must demonstrate effective leadership qualities and excellent oral and written communication skills.

Must have car available.

TB test and physical examination required.

Must be mentally, physically and emotionally able to perform assigned tasks.

Must be able to function as team member.

**********
* SAMPLE *
**********

FAMILY DAY HOME SYSTEM PROGRAM MANAGER

COMPETENCIES

A. Demonstrates ability to manage and supervise staff.

1. Successfully identifies workload requirements and hires in a timely manner.
2. Develops good relationship in order to achieve set goals.
3. Is able to lead team efforts and encourage esprit de corps.
4. Follows agency personnel procedures.

B. Demonstrates ability to identify, plan and implement training to meet staff needs.

1. Based on staff performance evaluations, identifies individual training needs.
2. Designs plans to assure those needs are met either by providing that training or arranging for it.
3. Encourages staff to pursue professional and educational goals.

C. Insures that State standards are met.

D. Maintains accurate business records.

1. Has orderly inventory control system.
2. Assures staff and caregivers' training in necessary business procedures.
3. Budgets accurately and stays within budget.

E. Accurately prepares management reports and develops action plans to meet targets.

1. Monthly reporting is done in clear, usable, concise form.
2. Responds to executive needs for data and reports quickly and thoroughly.
3. Cooperates in design and use of tracking methods.
4. Develops action plans reflecting priorities and meets deadlines.

F. Insures training of Family Day Home Caregivers.

1. Insures individual training plans are developed and implemented for each caregiver.
2. Directs program in such a way as to enhance Family Day Home caregiver's professional self concept.
3. Holds quarterly group training.

G. Develops homes and deploys staff in identified target areas.

1. Provides required number of spaces.
2. Assigns staff in cost and programmatically effective ways.
3. From waiting list data, develops homes in documented areas of need.

I. Assures agency standards of care are met.

1. Insures placements are carried out with the best interests of child and family in mind.
2. Insures careful screening, monitoring, training, and supervision of homes.
3. Insures program in homes is sound.
4. Insures professional development of staff through goal directed supervision.
5. Insures program for children fosters optimal growth development.
6. Insures special needs of children and families in care are either directly addressed or referred elsewhere.
7. Insures goals of the system are clearly identified.
8. Has procedures which stimulate parent involvement.

**********
* SAMPLE *
**********

JOB DESCRIPTION

Program: Family Day Homes Date Evaluated: _____

Job Title: Family Day Home Specialist

Exempt x Non-Exempt ____

If Exempt: Executive ____ Administrative ____ Professional x

---

BASIC FUNCTION:

Responsible for children's and parent program in family day homes assigned. Recruits, trains, and monitors family day home caregivers assigned. Work is performed under general supervision of Manager Family Day Home System with considerable demand for independent judgment and action.

Specific Accountabilities:

1. Assuring that applicable minimum standards are met in family day homes assigned.
2. Assuring that agency standards are met in family day homes assigned.
3. Meeting budgeted enrollment in family day homes assigned.
4. Implementing training design in family day homes assigned.
5. Implementing individual development plans based upon children's assessments.

Specific Responsibilities:

1. Recruits, selects, trains and monitors family day home caregivers.
2. Makes resources available for family day home caregivers.
3. Audits and implements training plan in family day homes assigned including documentation of training.
4. Integrates program and financial goals in family day homes assigned.
5. Facilitates implementation of USDA nutrition program in family day homes assigned.
6. Works with parents in family day homes assigned, including but not limited to:

    a. Enrolling children according to agency enrollment goals and policies
    b. Completing intake and placement process according to agency standards
    c. Maintaining continued contact with families
    d. Developing parent involvement program
    e. Offering casework intervention to parents as appropriate
    f. Maintaining social services records (application, medical information, narratives, etc.)
    g. Developing exit plans for children or transition plans to other care
    h. Refering clients to appropriate community resources.

7. Performs other duties as assigned.

POSITION QUALIFICATIONS

B.A. Degree in Child Development or Social Work.

Two years' experience in a family/child agency or setting.

One year supervisory experience with caregivers in program serving children may be included as part of two years' experience stipulated above.

Must demonstrate knowledge of child growth and development and planning for individual children.

Must demonstrate ability to understand agency goals and philosophy and agree to work within their framework.

Must demonstrate the ability to relate to people in a warm, non-judgmental manner.

Must demonstrate well developed administrative and time management skills.

Must be mentally, physically and emotionally able to perform assigned tasks.

TB test and annual physical examination required.

Must be able to function as team member.

Must have car available.

**********
* SAMPLE *
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FAMILY DAY HOME SPECIALIST
PERFORMANCE EVALUATION

## I. EVALUATION - TASK PERFORMANCE

EMPLOYEE _____ SIGNATURE _____ DATE _____

EVALUATION SCORE _____

EVALUATOR _____ SIGNATURE _____ DATE _____

EVALUATION PERIOD _____

AREAS TO BE RATED 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7

1 Marginal
3 Satisfactory
5 Commendable
7 Outstanding

A. Conducts recruitment activities:

_____ Uses various techniques to recruit homes (speeches, flyers advertising, word-of-mouth).

_____ Has working knowledge of state standards and agency criteria used to select day homes.

_____ Develops a good working relationship with prospective caregivers

_____ Works effectively with other agencies and internal staff to get the home study components completed in a timely manner.

_____ Identifies clearly the characteristics of applicants who have the capacity to be good caregivers.

_____ Documentation is clear, organized and completed in timely manner.

_____ Completes home studies to include all information as specified in agency guidelines for home study.

_____ Total

$$\frac{\text{Total}}{\text{.}} \div \frac{7}{\text{\# items}} = \frac{\text{General Score}}{}$$

B. Provides equipment and supplies:

_____ Has working knowledge of equipment/supplies that are appropriate for the developmental needs of the children.

_____ Identifies current inventory needs to Program Manager and arranges for delivery, removal and repair of equipment.

_____ Consults with family day home caregivers to maintain and arrange equipment and supplies in an orderly fashion that's easily accessible to the children.

_____Total

$$\frac{\text{Total}}{\text{____}} \div \frac{3}{\text{\# items}} = \frac{\text{_____}}{\text{General Score}}$$

C. Trains and monitors caregivers

_____ Identifies areas for work, provides support and resources, and participates in arrangements for group training in topic areas of identified need.

_____ Develops rapport with caregivers in an appropriate and professional manner.

_____ Monitors caregivers on a regular, scheduled basis.

_____ Presents information to caregiver in a clear and understandable manner.

_____ Meets with caregivers on a scheduled basis for training.

_____ Has knowledge of health and safety standards and assures they are met.

_____ Has knowledge of the standards for group size and their effect upon program, and enhances FDH caregiver's understanding of this program element.

_____Total

$$\frac{\text{Total}}{\text{____}} \div \frac{7}{\text{\# items}} = \frac{\text{_____}}{\text{General Score}}$$

D. Nutrition

_____ Understands the basics of good nutrition for children as well as individual caregiver's use of USDA menus. Facilitates communication between nutrition staff and FDH caregiver.

E. Is a resource to caregivers:

_____ Demonstrates knowledge of community, educational and free/low cost resources for caregiver's use.

_____ Acts as sounding board for caregiver problems with children and parents and providers simple, appropriate suggestions for child management.

_____ Consults with caregiver in assessing children's development, creating individual child development plans, and interpreting this program to parents.

_____ Develops relationship with caregivers that promotes independence, autonomy, and professionalism.

_____ Total

$$\frac{\text{Total}}{\text{\# items}} \div \frac{4}{} = \text{General Score}$$

F. Completes intake and placement process with parents and family day home caregivers:

_____ Demonstrates knowledge of age-related and individual needs of each and all children in the home.

_____ Develops placements which reflect understanding of the needs and capacities of parents and the developmental stage and previous experience of the child

_____ Demonstrates awareness of appropriate placements for individual caregivers.

_____ Works with caregivers and with parents to determine the needs of particular children and in planning an appropriate transition for the child.

_____ Total

$$\frac{\text{Total}}{\text{\# items}} \div \frac{4}{} = \text{General Score}$$

G. Maintains continued contact with parents:

_____ Contacts parents on a regular basis to discuss developmental status of child.

_____ Contacts parents as needed to discuss significant occurrences.

_____ Works with parents to heighten their understanding of child developmental, and to help them know what to look for and how to use child care.

_____ Participates in preparation and implementation of parent meetings.

_____ Total

$$\frac{\text{Total}}{\text{\# items}} \div \frac{4}{} = \text{General Score}$$

H. Maintains records (such as applications, medical information, narrative and inventories):

_____ Keeps case narratives current.

_____ Keeps required documentation in case folders current.

_____ Keeps required documentation for children's files current.

_____ Keeps information required for evaluation of the program current and disbursed promptly.

_____ Maintains accurate inventory records for each day home in case load for program purposes.

_____ Total

$$\frac{\text{Total}}{\text{\# items}} \div \frac{5}{} = \frac{}{\text{General Score}}$$

I. Manages caseload effectively:

_____ Integrates program and financial goals.

_____ Understands budgetary impact of vacant slots and geographic location of home and moves quickly and independently to keep homes filled.

_____ Develops sound and expeditious enrollment and exit plans.

_____ Understands the complexity of the program, exercises sound judgement in decisions regarding priorities.

_____ Total

$$\frac{\text{Total}}{\text{\# items}} \div \frac{4}{} = \frac{}{\text{General Score}}$$

**********
* SAMPLE *
**********

SUMMARY JOB PERFORMANCE EVALUATION
FAMILY DAY HOME SPECIALIST

EMPLOYEE _____ SIGNATURE _____ DATE _____

EVALUATION SCORE _____

EVALUATOR _____ SIGNATURE _____ DATE _____

EVALUATION PERIOD _____

AREAS TO BE RATED 1_____2_____3_____4_____5_____6_____7

| | Weighting % | | General Score | = | Final Score |
|---|---|---|---|---|---|
| I. TASK PERFORMANCE | 80% | | | | |
| A. Conducts recruitment activities | 10% | x | _____ | = | _____ |
| B. Provides equipment and supplies | 10% | x | _____ | = | _____ |
| C. Trains and monitors caregivers | 10% | x | _____ | = | _____ |
| D. Nutrition | 10% | x | _____ | = | _____ |
| E. Is a resource to caregiver | 5% | x | _____ | = | _____ |
| F. Completes intake process with parents and FDH caregivers | 10% | x | _____ | = | _____ |
| G. Maintains continued contact with parents | 10% | x | _____ | = | _____ |
| H. Maintains records | 5% | x | _____ | = | _____ |
| I. Manages caseload effectively | 10% | x | _____ | = | _____ |
| II. GENERAL PERFORMANCE | 20% | x | _____ | = | _____ |
| A. Attitude | 5% | x | _____ | = | _____ |
| B. Initiative | 5% | x | _____ | = | _____ |
| C. Dependability | 5% | x | _____ | = | _____ |
| D. Work Habits | 5% | x | _____ | = | _____ |

_____
TOTAL EVALUATION SCORE

## SECURING CORPORATE PARTICIPATION

### Identifying Employer Interest

Securing corporate participation in a family day home system depends first and foremost upon the company's recognition of the child care needs of its work force and the company's willingness to address those needs. Commitment to this model of employer-assisted child care follows commitment to the concept of employer-assisted child care; it does not precede it. An employer who does not demonstrate some inherent interest in the idea of employer-assisted child care is not likely to be swayed by the most accurate indicators of need among employees, nor is he/she likely to be convinced by the most impressive statistics demonstrating the benefits of employer-supported child care programs.

While child care advocates and service providers can present many cogent responses to address the specific concerns raised by employers (some of which are detailed on pages 35 through 38), these responses are effective only when the concerns have been raised as questions rather than as barriers.

Employers who are likely to be interested in employer-assisted family day care can be identified in a number of ways. The primary objective, however, is for the family day home system to be identified among employers, so that, ultimately, the system is responding to the market (i.e. those employers who wish to address the child care concerns of their employees) rather than trying to create the market.

## Attaining Visibility

Attaining visibility within the general public can be accomplished through the media. Attaining visibility within the business community can be accomplished through more targeted efforts. Some examples of these efforts include:

1. Exhibits on employer-assisted child care at local or regional conferences of personnel administrators, business fairs, etc. There is generally an exhibit fee ranging from $50 to $1,000, depending on the conference. An additional expense will be the cost of the display (which can be simple) and the cost of materials to distribute (which need to be excellent). There are numerous conferences and meetings of industry groups, such as regional or state hospital associations or banking associations, who invite exhibitors whose products or services may be of interest to members.

2. Presentations or seminars on employer-assisted child care to local personnel organizations, the Chamber of Commerce, or other business groups whose members are representative of many employers. In addition to presentations, a well-placed article on employer-assisted child care published in a business group's newsletter can be effective.

3. Executive briefings, targeted to employers in certain geographic areas (downtown business district, suburban industrial park, etc.) or in certain industries (insurance, electronics, etc.) or to a mix of employers. Attendance will depend upon the interest in the topic on the part of those who have been invited and on the credibility of the

organization who is inviting them. Sometimes it is possible to borrow credibility--to have a board member who is well known in the business community invite some colleagues.

## Researching the Market

There are a number of ways to identify employers who have already evinced some interest in child care. Have there been meetings or conferences in the area on employer-sponsored child care or related topics? Which employers were represented? Has the child care licensing authority, or the local Chamber of Commerce, or the local university been contacted by employers seeking information on child care? Has the regional office of the Women's Bureau, U.S. Department of Labor, been contacted?

It is useful to become aware of the trends in the business community in one's area. What companies have implemented flexible benefit plans? Are there new employers moving in or some employers hiring large numbers of new staff? Read the business section of the newspaper, subscribe to local or state business publications. Join the Chamber of Commerce or other business groups.

In addition to these efforts, one can predict the employers in a community who may have some interest. Look for companies that employ a relatively high percentage of women at all levels from entry to management. Although working fathers are likely to avail themselves of employer-supported child care, employers recognize the need primarily as it relates to their female employees.

It is easy to start with large employers, but it is wrong to assume that only large employers will participate. As noted earlier, one advantage of the family day home system is its appeal to employers who need child care for only a small number of employees. Because the majority of employers are small businesses, it will be easier for these employers to find the family day home system than for the system to find them--again, an indication of the need to be visible.

Employers who express interest in child care should be encouraged to have a child care needs assessment conducted with their employees to determine current and projected child care needs. A needs assessment is a specialized endeavor which should be done only by a carefully selected consulting organization with the technical capability and experience necessary to yield useful information. A superficial survey is not adequate.

## Convincing the Powers That Be

Even with a valid needs assessment, converting an employer's latent or active interest in child care into participation in a family day home system is a significant challenge. Depending upon the corporation, the individual with the most interest may have the least authority. Although a number of publications on employersponsored child care have suggested starting at the top of the corporate hierarchy, the work will almost always be delegated to someone in the human resources department. It is very helpful to identify who heads that department and who would have actual responsibility for

implementing the program. If a top corporate executive is interested, but the human resources department is not terribly enthusiastic, the program will be hard to get off the ground.

A more likely scenario is that someone in the human resources department will want to pursue employer-sponsored child care but will need approval from one or more senior executives. This is where an active, preferably tenacious, advocate in the company can be very helpful...an individual who believes in the concept and has credibility in the organization. He or she may not always be successful, but that person is essential to any success the program will have. This individual needs all available information and materials about the family day home system for use in preparing presentations to the decision-makers. While it might be preferable for the system staff to make the presentation, they may not have that opportunity--or that opportunity may come only after the internal advocate has made an effective initial presentation.

## The Barriers

Even with an effective advocate, the decision-maker(s) may raise questions or concerns. These commonly fall into the same categories from company to company, so one can anticipate what they might be and prepare a response.

Equity.... "A child care program will not benefit all of our employees equally."

The literature in the field suggests that equity has not been found to be a major issue in corporations in which child care assistance is offered. Most employees who do not need child care are sympathetic to those who do.

Perhaps the company is considering a dependent care assistance plan or flexible benefits. If so, child care will fit in well. If not, perhaps the company has not considered that its other benefits, while available to all, probably are not used equitably by all. For example, employees make differential use of health care benefits, and those who use them most may well drive up the cost for everyone. Similarly, tuition reimbursement plans are not equally used by all employees. Some may enroll in a community college course, some may use the reimbursement to fund a graduate degree, and others may not use the benefit at all.

**Applicability.... "Out of our total work force only x percent have young children. So why should we participate in your program?"**

Child care is one area in which the employer should consider the depth of the problem, not just the breadth. For those employees who need child care, the program can be of enormous value. Further, child care is one of the few benefits, if not the only benefit, that is directly related to working. One does not need child care if he or she is not employed. Health care benefits, on the other hand, are not at all related to working--one can get sick or need surgery regardless of employment status.

Other company benefits are often used by only a few. Many employers assist their employees with transportation to and from work through the establishment of van pools or by providing discounted bus passes. Not every

employee can or will take advantage of this assistance, yet it is valued by those who need it.

**Liability.... "We could be sued if an employee's child was hurt in care that we provide."**

Liability exposure has frequently been a concern of employers, and now the cost and availability of liability insurance coverage has become a major concern for child care providers. While this concern is not yet resolved for the child care community, employers can be helped to recognize that carefully selected, well-managed, and frequently monitored family day homes which meet defined standards of quality child care greatly reduce the risk.

Although some employers express concern about liability related to the quality of child care they might offer under a company-supported plan, they generally do not see themselves as liable for the quality of medical care employees receive under a company-supported plan. Perhaps it is the fact that the medical care is provided by a third party whom the employee has chosen which mitigates their concern. If so, the same is true of the family day home system.

**Cost.... "Why should the company bear any financial responsibility for a problem that employees should be able to solve on their own?"**

Sometimes this question is raised by an executive who simply does not identify with the problem--either a male whose children are grown and whose wife stayed home while they were young, or, too often, a female who managed to struggle through without employer-assisted child care and feels that

others can do so also. This question is probably the most difficult to address because it so often reflects either the corporate culture or the individual's personal philosophy.

One can point out some of the companies providing child care assistance to employees who have reported specific cost benefits related to reductions in turnover and absenteeism, increases in productivity, etc. However, this response is frequently viewed by skeptical executives as justification for these companies' involvement with child care rather than as valid research.

It is probably more useful to describe some of the recent studies which document working parents' child care concerns, such as "Hard to Find and Difficult to Manage: The Effects of Child Care on the Workplace" by Arthur C. Emlen and Paul E. Koren, or Child Care and Corporate Productivity - Resolving Family/Work Conflicts by John P. Fernandez.

Some executives state that child care problems are not affecting their employees so they expect no improvement in turnover, absenteeism, or productivity. If so, perhaps their employees are uncomfortable discussing child care problems. Has the company looked at the return rate from maternity leaves or the attrition and absenteeism rates among new mothers and other parents of young children?

Despite the advocate's best effort, the employer may decide not to participate. Although disappointing, the fact that the company has considered the program indicates that somewhere there is a spark of interest which should be kept alive. It is important to follow the visit with a letter thanking the

individual for his/her time and to continue sending him/her material as it is developed (promotional material, newspaper articles, etc.). More than likely, these will be kept in a folder marked "Child Care", filed away until the powers that be decide the time has come.

## Getting the Green Light

Once a corporation decides to participate, the first step is to convene a meeting at the work site for all interested employees and their spouses. The employer should make sure that any employees at home on maternity leave are informed of the meeting.

This is the occasion at which the family day home system is presented in as much detail as is necessary to answer the employees' questions. It is very helpful to have written material which can be distributed to the employees summarizing the major features of the program (a sample is included at the end of the chapter). A brief visual presentation (slides or a videotape) helps acquaint employees with what family day care looks like.

Be prepared to answer typical questions:

- How do you select the caregivers?
- What happens when my child is ill?
- What happens when the caregiver is ill?
- Is there a fee when my child doesn't attend?
- What does the caregiver do in case of an emergency?
- What if I don't like the available caregivers?
- What happens if I change jobs?

Although the objective is to enroll employees in the program, it may become apparent in this meeting that there are some employees who probably cannot or should not be enrolled. If an employee lives in a remote area in which the likelihood of recruiting caregivers is equally remote, he or she needs to know the system may not be able to help. It's also important not to promote the program at the expense of what is good for children. If an employee wants to enroll but adds that her baby has recently started in a new care arrangement, she should be encouraged to consider the impact of a change on the child.

After the questions have been answered, the employees who are considering enrollment should complete a questionnaire which addresses their specific child care needs and their likelihood of using the family day home system. The results will help the system project the need for care: what are the ages of the children, when will care be needed, where is care needed, etc. Once the data are compiled, they form the basis of the agreement with the employer which stipulates how many child care spaces are to be allocated to the company.

All who complete the questionnaire will not actually enroll. Among those who are pregnant, some will not return to work after the birth of their children. Those parents who already have their children in satisfactory child care arrangements are not likely to enroll unless their care suddenly breaks down. Some who could benefit from the program immediately may adopt a "wait-and-see" attitude before they sign up.

The number of spaces to be allocated during the start-up phase is, at best, a projection. However, the agreement with the employer should be flexible enough to allow additional spaces to be added if required, or to allow spaces

which have been developed to be allocated to other employers if they are not utilized within the company. This flexibility is a major advantage over a fixed-capacity child care center. Achieving a balance between supply and demand will become easier once the demand is established and the system has expanded and matured.

After the number of spaces to be developed is known, the questionnaires can be reviewed to see if there are any areas of the community in which there are clusters of employees to provide a starting point for the recruitment of caregivers. Zip codes, census tracts, suburbs, neighborhoods, school boundaries, or other geographic subdivisions can be used.

If there are no residential clusters of employees, areas along the major commuting routes to the work site(s) can be targeted for recruitment. Finally, if the work site is in or near a residential area, recruitment efforts can take place there.

These initial efforts require some educated guesswork on the part of staff. There is no guarantee that the first areas targeted for recruitment will be the areas in which the most immediate need for care exists once employees actually enroll. Nonetheless, it is wise to start recruitment of day home caregivers as early as possible.

## Enrollment of Families

Each employee who completes a questionnaire indicating interest in the family day home system should be contacted individually by a family day home

specialist to arrange an enrollment interview. Interviews may be held at the employee's work site or home, over lunch in a restaurant, or at the system office. Both parents should be present.

The purpose of the interview is to explore the family's need and expectations for care. The program should be completely explained and the need for care fully defined. The scope of the interview should include any requirements the employee might specify including location preferences, ethnic background, non-smoker, etc. The employee should have ample opportunity to discuss his or her child.

At this point, the family day home specialist can refer the parent to any homes already developed which appear to fit the requirements. If there are not homes currently available, the information from the parent will be starting point for the recruitment of a new home.

Some employees may express interest in the system to the point of requesting that caregivers be recruited for them but then fail to use the service when the homes have been developed. This sets up a discouraging cycle: employees requesting service, caregivers being recruited to serve them, and the employees dropping out of the program during the process of developing the homes. If their child care spaces cannot be used or paid for, the caregivers may drop out as well.

Parents will reject caregivers who have been recruited for them for a variety of reasons. Some parents enroll in the program only as a backup for their current care arrangement. These parents usually express some level of

dissatisfaction with their current care arrangement, often as it relates to the stability or reliability of the caregiver. Although they indicate that they want to change caregivers, they are quite likely to stay with their current arrangements until these arrangements actually break down. They prefer the familiar to the unknown, but they view the availability of a backup plan as a positive service provided by the employer. From the staff point of view, it is much less positive since great effort and time go into the development of each home. Further, the likelihood of a specific home being available when the current care arrangement does break down is minimal.

Parents who are expecting babies may sign up for the program but decide not to return to work once their children are born, or they find someone on their own to provide child care. Again, a caregiver whom the parent has identified on her own is usually chosen over one identified by the system.

Some parents express unrealistic expectations of the caregiver and/or of the service. They may stipulate that the caregiver accept other children only the same age, sex or ethnicity as their own. They may insist on a very narrow range of location (within three minutes of their own homes or on the east side of the freeway only). They may even say that they don't like the decor of the caregiver's home.

The key factor in enrolling families is the building of trust between the family day home system and the parent. It must be reemphasized that parents tend to prefer care from someone personally known to them or referred by someone they know, even if that care is unregulated or more costly than the

care offered by the system. Until she trusts the staff and the agency, a parent is likely to choose a "known quantity" where available over the caregivers offered by the system.

Resistance to the caregivers offered or failure to keep scheduled appointments to visit caregivers may also reflect ambivalence about leaving the child (especially in the case of firstborn children) rather than unfulfilled expectations for care. A supportive working relationship provides the context in which to resolve this ambivalence.

The following ideas may be helpful in converting enrollments into actual placements:

1. The system staff should recognize that choosing child care is a new experience for many parents who need a way to test their expectations against reality. Center-based care is visible--parents can readily recognize where centers are located and can visit several to learn what they offer. Family day homes are not recognizable, and it is difficult for some parents to anticipate what their children's care will be like if they cannot observe a family day caregiver who is already providing child care. Videotaped vignettes of potential caregivers with their own children and/or in conversation with the system staff may be shared with parents as a way of acquainting them with prospective caregivers and demonstrating individual caregiver attributes.

2. The staff specialist must be prepared to interpret and re-interpret to the parents what the system offers and what it does not offer, what the

parents can expect of caregivers, and what the caregivers will expect of parents.

3. An enrollment fee can be assessed at the time of enrollment, to be applied against the cost of care once the child is placed. Employees may be more likely to follow through, or less likely to enroll if not seriously interested, when they have a financial stake in the process. The fee should be set at an amount high enough to discourage "casual" enrollment; it can be refunded totally or partially under specific circumstances. The purpose is not to increase revenues, but rather to secure some commitment.

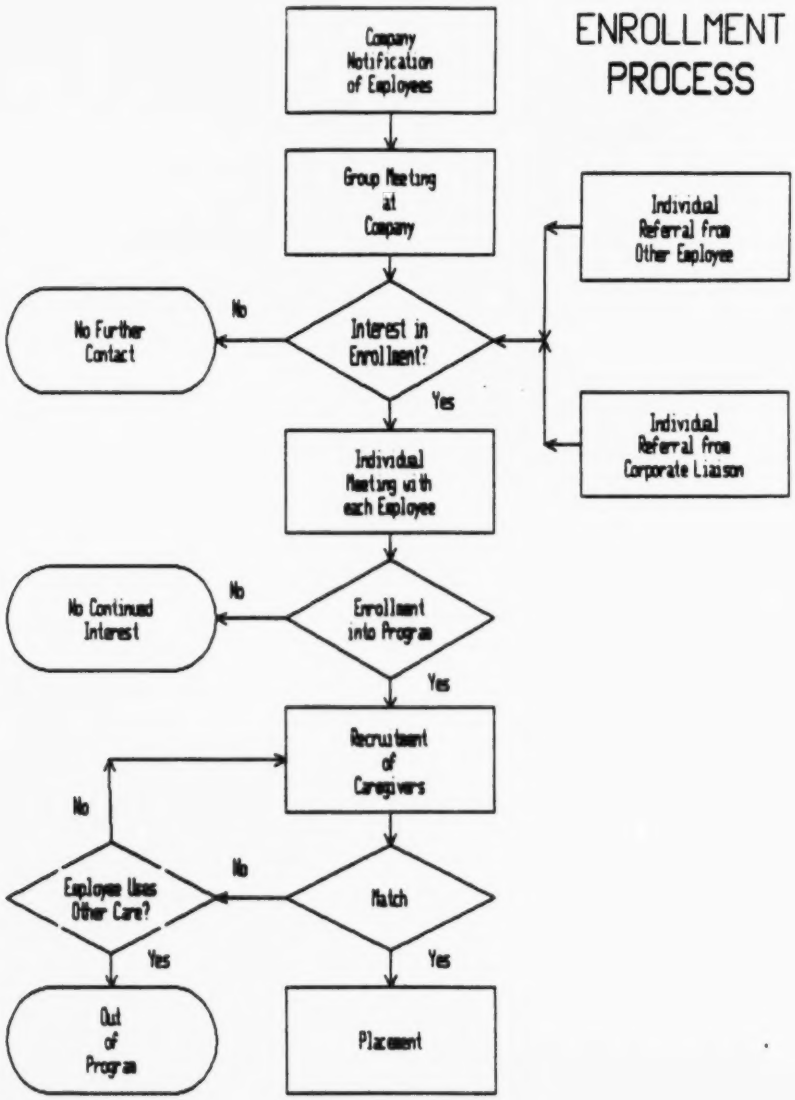
4. Once an employee has enrolled in the program, the system staff should maintain frequent contact--advising the parent on the progress in developing homes, notifying him or her of locations under consideration, or just keeping in touch. She or he should be invited to work site meetings held for employees whose children are already placed. The parent should receive communications (newsletters, memos, etc.) about the service. New mothers (whether the employee or the spouse of an employee) can be visited during their maternity leave; a small gift may be appropriate (the Child Care Dallas program provided a catered dinner entree which could be frozen and prepared on the first evening the mother returned to work).

Despite the staff's best efforts, there will inevitably be employees who enroll but do not place their children. It's helpful to remember what appears to be an immutable law of the marketplace: not everyone who walks

into the store will buy something. Given the shortage of quality child care, especially for infants and toddlers, this may be puzzling--but it is true. And as with any other consumer service or product, the best way to meet targeted "sales" objectives is to generate a large volume of prospects.

Figure 1 provides an overview of the enrollment process.

FIGURE 1



# Supplemental Materials

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* SAMPLE *
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FAMILY DAY CARE
FOR YOUR CHILD

WHAT: a program of high quality child care which is especially appropriate for infants and toddlers, and is provided by carefully selected, trained and monitored caregivers in the caregivers' own homes.

WHO: available to employees of _____. Priority for service will be given to infants and toddlers, preschool age siblings of these children and other preschool children of employees as space is available.

HOW: representatives of _____ will meet personally with each of you who wish to enroll a child in the program to explore your needs and expectations for care. From this information, our staff will refer you to caregivers who most closely match you and your child's needs. You will select the caregiver who will care for your child.

HOW MUCH: the cost of the care is $ ___ per week per child. This includes meals and snacks that ordinarily occur during regularly scheduled hours of care; however, parents of babies on formula and/or prepared baby food are asked to supply these. The fee is based on enrollment rather than attendance.

WHERE: caregivers will be recruited from areas near where you live, along your way to work, or near your worksite--depending on your preferences. Completion of the questionnaire which you will receive today will help our staff know where to recruit caregivers to meet your preferences.

WHEN: homes are being developed now. Our staff will be arranging meetings with you soon in order to plan for your child's enrollment. After your child has been in care a short time, one of our staff will meet with you to discuss your satisfaction with the care. We will continue to be available to answer any questions or discuss any concerns you may have.

WHY: there is a great need for quality care for very young children in the _____ area. Center-based for infants and toddlers is scarce and generally very costly. Many centers find it difficult to provide the individual attention that little children require. Family day homes offer a natural, intimate setting in which your child can be cared for by the same person each day. The hours of the home can be tailored to meet your work schedule, and care within the home will accommodate the individual needs of your child.

Because of the growing need for child care, many employers are beginning to look at how they can help their employees secure good child care. This program represents a new and innovative step in that direction.

**********
* SAMPLE *
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LETTER OF AGREEMENT
BETWEEN EMPLOYER AND FAMILY DAY HOME SYSTEM

This letter of agreement outlines conditions under which _____ (name of agency) will provide family day care services to employees of _____ (name of employer).

Program Capacity

a. _____ (name of agency) will allocate _____ (number) child care spaces for employees of _____ (name of employer). If the number of spaces actually requested by employees is less than this capacity, _____ (name of agency) will allocate the unused spaces to another corporation. If the number of spaces requested by employees exceeds this capacity, _____ (name of agency) will allocate additional spaces as they are available in the system. Once all spaces are allocated, _____ (name of agency) will maintain a waiting list of employees and will enroll them if spaces become available.

b. If the demand for care is greater than the system's ability to absorb it, _____ (name of agency) will add spaces to meet the required need, provided that _____ (name of employer) pays the incremental administrative cost of doing so. This cost will vary according to the number of spaces actually needed.

Access to Employees

a. _____ (name of agency) will provide materials and information as needed so that _____ (name of employer) may inform its employees and their families about the program through its corporate newsletter, memoranda, or other media as appropriate.

b. _____ (name of employer) will schedule times and provide space for _____ (name of agency) to hold individual enrollment interviews with employees until all allocated spaces are filled.

c. _____ will provide space for monthly "brown bag" lunch meetings of
(name of employer)
participating employees and _____ staff, and space once every six months
(name of agency)
for individual employee/_____ conferences.
(name of agency)

Recruitment of Caregivers

On behalf of _____, _____ will contact former employees
(name of agency) (name of employer)
who left the corporation on maternity leave since _____, 19___ and have not returned
(month) (year)

Child Care Fees

Prior to the first week of care, _____ will collect a one week fee deposit
(name of agency)
from each _____ employee. Thereafter, _____ will collect
(name of employer)
fees in advance each week. Should a fee or portion of a fee be unpaid for any reason,

_____ will immediately notify _____ to determine whether
(name of agency) (name of employer)
care is to be terminated or continued.

_____ will provide a list of all employees enrolled in the program.
(name of agency)
_____ will notify _____ immediately when one of these
(name of employer) (name of agency)
employees separates.

Public Information

a. _____ agrees to be included in newspaper, radio, television and
(name of employer)
magazine stories about the program and will respond to request for interviews

and/or requests for information about its participation in the program.

b. _____ will arrange for _____'s corporate
(name of agency) (name of employer)
communications staff to have interviews, photo opportunities, and other public

relations access as needed for its purposes.

Financial Support of the Program

In consideration of the terms stated herein, _____ agrees to pay
(name of employer)

$ _____ for the period beginning _____ and ending _____.
(begin date) (end date)

This agreement may be renewed or modified by mutual consent annually thereafter.

For _____ Accepted by:
(name of agency)

_____ _____
Agency Director/title name/title

_____ _____
date date

**********
* SAMPLE *
**********

## CHILD CARE AGREEMENT INSTRUCTIONS

**WHAT** The Child Care Agreement Form has two purposes:

1. Intake information on all parents who inquire about the service (Part I)

2. Actual agreement for child care (Parts II - VIII).

**WHO** The Family Day Home Specialist and parents jointly complete this form.

**WHEN** Part I is completed at time of initial contact with parents. This form is kept on file until a Family Day Home is selected for the child. Parts II - VIII are completed when/if a Family Day Home is selected.

**********
* SAMPLE *
**********

CHILD CARE AGREEMENT FORM

I. FAMILY INFORMATION

Child's Name _____ Birthdate _____

Child's age in months _____

Mother's Name _____

Father's Name _____

Home Address _____

_____

Telephone # _____

Marital Status (circle one)

1. Single 2. Married 3. Separated 4. Divorced 5. Widow

Mother's Employer _____

Address _____ Telephone # _____

Mother's Working Hours _____ Job Title _____

Father's Employer _____

Address _____ Telephone # _____

Father's Working Hours _____ Job Title _____

Income of Family (circle one)

| | | |
|---|---|---|
| 1. Under 10,000 | 4. 30,001 - 40,000 | 7. 60,001 - 70,000 |
| 2. 10,001 - 20,000 | 5. 40,001 - 50,000 | 8. 70,001 - 80,000 |
| 3. 20,001 - 30,000 | 6. 50,001 - 60,000 | 9. Over 80,000 |

Members of Family Living In Home

| Name | Relationship to Child | Age |
|---|---|---|
| Mother: _____ | _____ | ____ |
| Father: _____ | _____ | ____ |
| Children enrolled _____ | _____ | ____ |
| 1. _____ | _____ | ____ |
| 2. _____ | _____ | ____ |
| 3. _____ | _____ | ____ |

II. DAY HOME PLACEMENT

I agree for my child(ren) to be placed the following home.

Family Day Home Caregiver _____

Address _____

From _____a.m. to _____p.m. Telephone # _____

Date _____ _____ Initials

III. FEE

The weekly fee is to be

_____ paid through payroll deduction

_____ paid to the caregiver no later than the Friday preceding child care for the following week.

I agree to abide by the fee policies of _____.
name of agency

IV. SPECIAL NEEDS, MEDICAL PROBLEMS OR ALLERGIES OF CHILD

My child's special needs are: _____

_____

_____

_____

_____

V. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize _____ to take my child
Caregiver

to:

Doctor _____ Phone _____

or

Clinic/Hospital _____

I give consent for any and all necessary treatment for my child when the child is in the caregiver's care.

I will contact the Family Day Home Specialist immediately to notify her of a change of physicians. _____ Initials

VII. PERMISSIONS

My child may be picked up by: (Child will not be released to anyone else unless caregiver is notified.)

Name _____ Relationship to Child _____
Name _____ Relationship to Child _____

In appropriate circumstances, the caregiver has permission to transport my child(ren) for trips away from the Day Home. I understand that such trips will be approved by agency staff. I understand that all precautions will be taken to ensure the safety and health of my child(ren).

____ Initials

My child(ren) have permission to participate in the water play activities of the day home.

____ Initials

_____ has permission to take pictures of my
name of agency
child(ren) to use them for education/publicity purposes.

____ Initials

My child(ren) will be in attendance in the program every day that they are able. I will notify the caregiver promptly each time my child(ren) must be absent.

____ Initials

VII. AVAILABILITY OF FDH SPECIALIST

I understand that a Family Day Home Specialist is available for parent conferences. If I have any concerns, questions, or suggestions regarding the Day Home Program policies or procedures, I may contact the Family Day Home Specialist.

____ Initials

VIII. AGREEMENT

I agree to abide by all the statements I have initialed.

Signed _____ Date _____

**********
* SAMPLE *
**********

# CHILD INFORMATION INSTRUCTION SHEET

WHAT — The purpose of the Child Information Form is to gather background information on each child's development prior to entry into the Family Day Home System.

WHO — It is completed by the parent(s) at time of enrollment.

HOW — All answers should be accurate; discuss only items about which the parent is doubtful. This information will be important when discussing the child with the caregiver to ease the initial stages of placement.

WHEN — The form must be returned to the Family Day Home Specialist prior to the child's entry in a day home.

WHERE — Place in child's folder.

**********
* SAMPLE *
**********

CHILD INFORMATION

NAME_____ BIRTH DATE _____

I. Developmental History

A) Pregnancy and Delivery - state any special problems.

_____

B) Physical Development

| | EARLY | WHEN EXPECTED | LATE |
|---|---|---|---|
| rolled over | ____ | _____ | ____ |
| sat up | ____ | _____ | ____ |
| crawled | ____ | _____ | ____ |
| walked | ____ | _____ | ____ |

C) Weaning and Eating

1. Is child completely weaned? _____
2. At what age was child weaned? _____
3. How? _____
4. Does child feed himself? _____
5. Does he use spoon and fork? _____
6. What are his favorite foods?

_____

7. What foods does he dislike?

_____

8. Does he have any feeding problems?

_____

9. Will your child eat breakfast at the day home? _____

D) Toilet Training

1. Is child toilet trained? yes _____ no _____ partially _____

2. Age when toilet training was begun? _____

3. Method used to train? _____

_____

4. Age when toilet training was completed: daytime _____
nighttime _____

5. Frequency of accidents? _____

6. Word used for bowel movements? _____

7. Word used for urination? _____

8. Does child ask to use toilet? _____

E) Sleep

1. Is your child used to taking an afternoon nap? _____

2. Are there special routines that help your child go to sleep?

_____

3. Does he sleep with a favorite toy? _____

If so, what? _____

4. Usual naptime? _____

5. Usual bedtime? _____

6. Usual morning wake up time? _____

7. Does child sleep in his own bed? _____ If not, with whom does he sleep? _____

8. Any sleep problems and how they are handled

| Problem | How Handled |
|---|---|
| _____ | _____ |
| _____ | _____ |

F) Speech

1. Can your child easily express himself? _____

2. Can you child be clearly understood? _____

F) Speech (continued)

3. Are you concerned that he may have a speech problem? _____

If so, of what nature? _____

4. Is your child bilingual? _____ What Languages? _____

G) Health

1. Have you ever had concern about your child's physical or mental development? _____

If so, when and what? _____

_____

2. Is your child taking any medications? _____ If so, what? _____

_____

3. Is your child allergic to any foods? _____

4. Has your child ever had any serious illnesses, accidents, or surgery? _____ If so, please list:

| What | When |
|---|---|
| | |
| | |

5. Has your child ever been a patient in a hospital? _____

| When | How Long | Reason |
|---|---|---|
| | | |
| | | |

II. Previous Child Care Experiences

1. Please list previous child care

| Date (or age of child) | How Long? | Where? | Child happy with care? | Parent happy with care? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

II. Previous Child Care Experiences (continued)

2. Has child been around other children his own age? _____

3. How does he get along with them? _____

4. Is he an active child? _____

5. Is he so active that you would say he is rough and noisy? _____

6. How does your child feel about staying with unfamiliar adults or children?

_____

7. How do you think your child will adjust to the day home in the first few weeks?

easily ____ with some difficulty ____ with great difficulty ____

III. General

1. What do you like best about your child? _____

2. What does he do best? _____

3. Does he like help from you or does he like to do things for himself? _____

4. What are his favorite play activities? _____

5. Describe your child's fears _____

6. What types of situations might be upsetting to your child?

_____

7. Is your child attached to a special toy or object? _____

Will he be bringing it to the family day home? _____

8. When your child is upset, what seems to comfort him the most?

_____

9. How do you discipline your child? _____

Is it effective? _____

10. How frequently do you find yourself disciplining him?

_____

III. General (continued)

11. What worries you about your child the most? _____

_____

12. Is there anything I haven't asked about your child that would help us to know him better?

_____

_____

_____

_____

_____

**********
* SAMPLE *
**********

## CHILD MEDICAL INFORMATION INSTRUCTION SHEET

| | |
|---|---|
| WHAT | The Child Medical Information Form is a statement of the child's health. |
| WHO | It is completed by a licensed Health Practitioner. |
| HOW | It is given to the parent(s) who have it completed and return it to the Family Day Home Specialist. |
| WHEN | The form must be returned prior to the child's entry in a day home. |
| WHERE | Place in child's file. |

**********
* SAMPLE *
**********

CHILD MEDICAL INFORMATION

DATE OF PHYSICAL _____

CHILD'S NAME _____

BIRTH DATE _____

HEIGHT _____ WEIGHT _____

| | Normal | Needs Attention | Not Examined |
|---|---|---|---|
| Visual Screening | _____ | _____ | _____ |
| Hearing Screening | _____ | _____ | _____ |
| Dental and Oral Hygiene Screening | _____ | _____ | _____ |

Examination findings were within normal limits YES _____ NO _____

Describe any abnormal findings:

State any further medical treatment needed at this time:

This child is physically and mentally able to participate in group activities.

YES _____ NO _____ with special plans or modifications _____

Describe special plans needed or state reasons why child could not participate:

State any significant medical history - include any chronic health condition:

Please attach copy of child's immunization record.

_____
Licensed Health Practitioner Date

## DEVELOPING THE DAY HOMES

Day homes may be developed in several ways. First, the agency may advertise for persons already offering care in their own homes. This method is the most efficient in terms of time and start up costs. It also has the benefit of utilizing caregivers who already have some experience, have met necessary state and local regulatory requirements and whose lifestyle and home environment are already set for the provision of family day care.

The disadvantage with this method is that good family day home caregivers are at a premium in most areas, and often their spaces stay full all the time. Many have developed effective business management skills, know their work well, and would not find a contractual arrangement attractive unless it were more lucrative than what they offer on their own. Day home caregivers often value their autonomy and entrepreneurship and might find the regulations and contractual requirements of a system cumbersome and restrictive. Defining quality control measures can also be more difficult with the seasoned caregiver who has developed her own ways of serving children and families. The system could be less attractive to successful caregivers and more attractive to inexperienced or less competent caregivers.

Another approach to the development of homes is to stimulate interest in the profession of family day care in communities where homes are sought by offering workshops for prospective caregivers. From the group indicating interest in this work, potential caregivers might be identified, screened, and selected. This approach offers the potential of broadening the number of resources available. Caregivers enter the field on their own and thus are ultimately responsible for successful achievement of their own financial and

service goals, yet the system can tap their resources to secure spaces in appropriate homes.

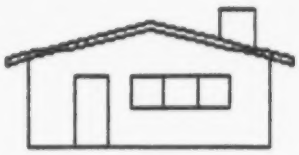
The major drawback to this type of development is that efforts by agencies to stimulate others to embark on business ventures often meet with insufficient initial response or subsequent follow through. Although the supply of family day homes may increase--especially if the system provides continuing encouragement and assistance, as well as on-going recruitment--the process is inefficient. There is little guarantee that those who do become caregivers will meet the system's needs.

The third method, used in the Child Care Dallas model, is one of recruiting, selecting, and exclusively contracting with caregivers specifically chosen to meet client needs. This method is highly effective in maintaining quality control. The caregivers are well-known by the system, and the system can feel more comfortable in referring families to them. The agency is seen by caregivers as a close and ready resource.

But there are difficulties in growing a system from the ground up. First, the number of contacts required to select even one caregiver is great, requiring much staff time (See Figure 2). Second, the development of a day home for a particular client may not be accomplished within the client's time frame. If the client finds other care, the new day home caregiver will want to accept clients she finds on her own. Otherwise--primed for her new role, eagerly anticipating her first children, and looking forward, sometimes urgently, to the expected income--she may leave the system. But if the caregiver accepts children on her own, there may be insufficient space for

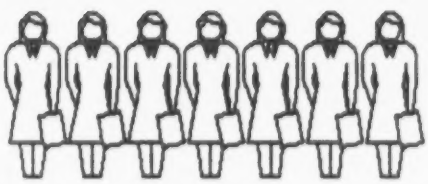
FIGURE 2

# DEVELOPING A FAMILY DAY HOME



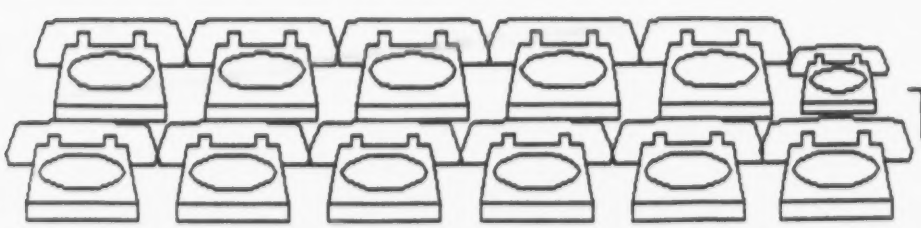
1 FAMILY DAY HOME

4 FAMILY DAY HOME STUDIES



14 FIRST VISITS

41 CALLS IN RIGHT AREA



231 TELEPHONE CALLS

the children of participating employees and more homes will need to be developed.

This issue can be addressed by the payment of fees to reserve vacant spaces for employees' children. However, when a caregiver is motivated by a desire to care for children, vacancies--even though reimbursed--may dampen her enthusiasm and interest.

Whatever the approach to the development of homes, it should be carefully considered in view of available staff resources, community resources, time-tables, and dollars. Certainly, combinations of the various approaches can be useful.

## Recruiting New Caregivers

There are a variety of strategies for the recruitment of new family day home caregivers. The most effective are those which are targeted to the specific areas in which day homes are required:

- Feature articles in community newspapers (samples are shown at the end of this chapter).
- Classified or display advertisements in newspapers devoted solely to advertising.
- Notices in the newsletters of groups such as churches, PTAs, local branches of the YWCA, etc.
- Flyers in pediatrician's offices, the local library, supermarket bulletin boards, etc.
- Word of mouth from other providers.

These efforts can be supplemented by broader-based efforts such as articles or advertisements in the major daily newspaper(s) or public service announcements on radio and television.

If the family day home system will include caregivers who are already providing child care, direct mail to these caregivers may stimulate some response. Contact should be established with local child care resource and referral services as well.

Participating corporations can also be a source of caregiver recruitment. Employees may recommend relatives, neighbors, or their own caregivers to become part of the system. There may even be some employees who themselves wish to stay at home with their own children and are attracted by the prospect of being a caregiver. As a solution to the shortage of child care, the idea of one employee staying home for a time-limited parental leave during which she provides a paid service enabling other employees to stay on the job should be appealing. As an employment practice, the idea has not generated support or incentives to encourage that option. Although employers may be willing to assist with the recruitment of former employees who chose not to return from maternity leave, they have not been actively enabling employees to make that choice.

## Screening Applicants

The process for responding to inquiries from prospective caregivers must be in place prior to advertising or beginning any other effort which is expected to yield a volume of applicants.

Preliminary screening can be done by telephone, or the applicants can be asked to respond in writing. Initial screening is for location. If the applicants live in an area in which there is no immediate or near-term need for care, their name, address and phone number can be recorded and filed by location for future need.

The second screen is to determine those who cannot meet or will not accept the system's requirements. The staff member who responds to telephoned or written inquiries must be able to briefly describe the program, what the system provides and what the system expects of caregivers. This can include regulatory requirements, the frequency of monitoring, caregiver payments, etc.

At this point, some applicants will screen themselves out. For those who are still interested, the staff member should present a brief list of questions derived from applicable regulatory requirements as well as the specific requirements of the system. The Child Care Dallas list is an example:

- Do you live in a house or an apartment?
- If a house, is the yard fenced?
- If an apartment, is it on the first floor? Are there two entrances?
- Do you have a telephone?
- How is your home heated?
- How many children of your own do you have? What are their ages?
- Can you designate someone who would provide child care for you as an alternate?
- Do you currently care for children?

Applicants who are accepted for further consideration based upon the answers to these questions should be sent an application form (see sample on page 85). Willingness and ability to complete the application form provides still another screen.

The amount of applicant attrition, whether voluntary or involuntary and at all steps of the process, underscores the need to generate a large volume of applicants.

## Caregiver Requirements

Caregiver applicants should demonstrate the following qualities:

- willingness and ability to provide care during hours required by employees
- warmth and friendliness
- calm and orderliness
- enjoyment of children
- supportive attitude toward families
- basic knowledge of child growth and development

Regulatory requirements notwithstanding, caregiver applicants should be at least 18 years old and able to read and write. They should supply a list of references other than relatives, and should have a physician's statement verifying their freedom from disease and their physical ability to care for children. The applicants' homes must meet applicable fire, safety, and health regulations.

The first visit with the applicant is the time for discussing what a family day home system is, the specific goals and objectives of the employer-assisted system, and the applicant's reasons for wanting to care for children. Her family's feelings about her potential involvement and her neighbor's reaction to her proposed business venture should be explored. A complete review and interpretation of all requirements is essential.

The applicant should have a chance to review any written materials (standards, policies, etc.) before the next visit is scheduled. Prior to the second visit, she should secure the required documentation (references, physician's statement, etc.). She should submit a simple floor plan of her home which includes approximate dimensions and designates the areas in which the children will spend time. She should provide information about the individual she has chosen to be her alternate.

## The Home Study

The second visit marks the beginning of the in-depth home study. The home study is neither a quick nor simple undertaking. The typical Child Care Dallas home study takes approximately 18 hours of staff time spread over a six to eight week period. The purpose of the home study in the managed system is to provide a thorough evaluation of an applicant's capacity to provide child care as well as her willingness (and that of her family members) to accept the entry into their home lives of both clients and the day home system staff. During this process it is crucial that the applicant understand and accept the expectations, policies, and practices of the family day home system as well as any legal or regulatory requirements.

The home study includes observations designed to assess the potential of the home as a child care setting (see the sample Family Day Home Assessment Profile on pages 87 through 91). The "social study" portion of the home study identifies attitudes and competencies that are critical to success as a family day home caregiver. It is a personal history-taking in which diagnostic interviews similar to those conducted for adoption or foster care are used to lead the applicant to explore her own life experiences and family relationships. Its primary purpose is to reveal individuals who are not suitable for caregiving; its secondary purpose is to enable the applicant to assess whether caregiving is suitable for her.

A carefully constructed social study, performed by a family day home recruiter who trusts her or his own reactions, will uncover applicants whose motivations or life experiences might impede their ability to form healthy relationships with children. Often, these applicants withdraw from the home study process on their own before they are counseled out.

The following areas should be covered in the social study:

I. Exploration of the applicant's motivation

- A. potential earnings
- B. feelings about children
- C. feelings about mothers who work outside their homes
- D. feelings of loneliness and isolation
- E. job skills
- F. need for social relationships

II. The applicant

- A. family relationships in the home
  - 1. husband or significant other
  - 2. relationship of female head of household to other adults in the home
  - 3. children in the home: personalities, ages, health

B. relationships with own children--to be observed and discussed
C. previous experiences caring for other children
D. growing up experiences

1. childhood
2. relationship with parents
3. relationship with siblings
4. how was discipline handled, what values were transmitted
5. self-assessment: strengths and weaknesses
6. friendships, activities

III. Attitudes toward clients

A. mothers who work
B. marital status of clients
C. parents who abuse or neglect
D. ways of handling differences in child rearing

IV. Child rearing attitudes

A. separation
B. toilet training
C. discipline
D. feeding and weaning
E. holding

V. Dealing with loss

A. previous experiences dealing with loss
B. how to handle the situation when the child leaves

VI. Types of child behaviors which applicant finds appealing or unappealing

VII. Evaluation

A. strengths and weaknesses
B. limitations with types of children and developmental stages for whom this caregiver is most or least appropriate

## Results of the Home Study

The results and conclusions of the study should be documented and discussed with the applicant. Any areas in the assessment or home study which

indicate the need for positive change should be noted and agreed upon. The applicant should sign a contract which details the conditions, policies, and procedures by which she and the system will operate. Suggested contract stipulations for both managed and brokered day homes are included at the end of this chapter.

Finally, a file should be established which includes:

1. original application
2. physician's statement, t.b. test results, or other medical information
3. three written references
4. fire/health/safety inspection reports
5. floor plan of the home
6. home study summary
7. copy of the caregiver contract
8. immunization records of caregiver's own children and pets
9. other documentation required by state or local authorities.

## The Brokered System

Generally, the brokered family day home system does not utilize home studies to assess caregiver applicants. In a brokered system, the contract with the caregiver may cover only one child care space to meet a specific need. Once that family is no longer in need of the service, the system may not require that space again. Thus the relationship between the system and the caregiver is much less intense than in the managed system in which the goal is to develop a network of stable caregivers whose availability over time will be assured.

Caregivers in the brokered sytem still must meet specified standards and agree to participate in training, especially as it relates to areas on which they are assessed. The assessments and the related training offer the system the opportunity to impact the quality of care for all children in the caregiver's home, extending the system's benefits far beyond the children it directly serves. The caregiver assessment for a brokered system begins on page 99.

## Equipping the Homes

Each family day home caregiver must be equipped for her job, not merely psychologically, but also physically. She needs the tools of her trade.

The family day home system may provide all of the equipment a caregiver needs or may supplement what she already has or is able to obtain on her own. The advantage of the system providing the equipment relates to quality assurance--the system has standardized equipment requirements tailored to the ages of the children each caregiver will be caring for. Both quantity and quality are assured. In addition, the need to purchase what might be a significant number of items could be a deterrent to some applicants.

If the system provides the equipment, either as a direct allocation to each caregiver or by lending equipment to the caregivers which they then purchase over time, someone must be responsible for the purchase, distribution, inventory, replacement, and eventual collection of equipment. It is possible to give each caregiver a "shopping list" of specific items from specific vendors, requiring her to do the physical purchase and transport of equipment

herself. However, the system will still have a substantial administrative responsibility.

An alternative is simply to provide the caregivers with equipment lists which delineate the types of equipment they must have prior to being approved for the system and what they must purchase by agreed-upon dates. The responsibility rests with each individual to obtain the items totally on her own, although the system might provide a revolving loan fund. The caregiver is also responsible for maintaining and replacing equipment to meet the standards.

There are two major advantages to this alternative. One is cost--it is less costly to the system not only because there are no equipment expenditures but also because the system does not incur the administrative expense previously outlined. The other advantage is that the caregivers are more likely to demonstrate pride of ownership in items they buy themselves. They also are very likely to enjoy buying for the children ("Allison will love this puzzle." "This book is perfect for Justin." "The chair is just the right size for Michael.")

The decision as to which approach to follow should be made based on the realities of the individual system. If the caregivers are entrepreneurial in nature and already caring for children, they are less likely to rely on the system to equip their homes. If they are just beginning as caregivers and start-up costs will be an obstacle, the system may need to provide equipment. Whatever the case, the equipment standards should not be compromised.

A suggested equipment list and sample inventory form begin on page 105.

# Supplemental Materials

GARLAND DAILY NEWS Tuesday, November 9, 1982

# Federal grant targets infant, toddler care

A federal grant providing quality care for children of parents who work for one of five targeted corporations was announced Monday by Child Care Dallas, a United Way affiliate.

The $250 million grant from the federal Department of Health and Human Services provides administrative funds for the demonstration project, said Diana Range, project manager.

"Parents will pay the costs to the day mothers. Cost to parents will be $49 per week," she said. Comparable care for infants and toddlers runs in the $50-100 range for what Ms. Range called "quality care."

"We want to hear from mothers who are interested in keeping infants and toddlers," Ms. Range said. Her telephone number is 630-7911.

Called Corporate Initiate Child Care, the project's sole goal is to provide high quality care in day homes, the manager said.

Corporations involved include Blue Cross/Blue Shield, Southland, InterFirst Bank, RepublicBank and Mercantile Bank.

"We want applications from prospective day mothers and will begin placing children by the end of the week," Ms. Range said.

RICHARDSON DAILY NEWS Friday, October 21, 1983

# Child care effort looking for homes

## *Program teams corporations, working parents with substitute mothers*

By KATE SULLIVAN
RDN News Editor

DALLAS — Child Care Dallas is looking for working parents, substitute mothers and corporations interested in teaming up to provide day-care for young children in Dallas-area homes.

Four people in Richardson now are caring for children in their homes through the Corporate Initiative program, but more homes are needed in Richardson, Garland, Plano and Northeast Dallas, Diana Range, program manager, said earlier this week.

Child Care Dallas, established in 1901 to care for the children of women working in cotton mills, earlier this year received a $211,654 federal grant to start the program, which could serve as a model for other day-care programs throughout the nation.

Twenty-two children are being cared for now in 12 homes which have been screened by the agency as part of the program, and five corporations are participating. A number of other corporations, including several in the Richardson-North Dallas area, have expressed interest in the program, Ms. Range said.

Total cost per child is $74 a week. Parents pay $49 of the total and the corporations for which they work will be expected to pay about $25 per child when the grant period ends in February 1985, Ms. Range said. The corporations pay nothing now, but some, among them Blue Cross and Blue Shield of Texas, have used company newsletters to help publicize the project.

Thirty dollars a week per child will go to Child Care Dallas to provide training for the day care mothers, buy the cribs, toys and other equipment placed by the agency in each day-care home, and pay administrative costs, including the salaries

See Children, Page 2A

## Children ...

Continued from Page 1A

of people who visit each home at least once every two weeks and work out special programs for each child involved.

The day-care mothers receive $44 a week per child, several dollars less than the going rate in the Richardson-North Dallas area for day-care in private homes, Ms. Range said, and this has made some day-care mothers reluctant to sign up for the program.

She said the program includes such advantages for the day-care mothers as free use of equipment, free training and help from professionals in dealing with child care problems.

Each day-care mother can care for two children under the age of two and two older pre-school age children, including her own children. Most children being enrolled in the program are newborn babies, Ms. Range said, while the average age of the mothers is 29 and the average age of the fathers is 30.

"Most of them are professional people who delayed starting their families until their careers were established," she said.

The corporations interested in the program, she said, "are the ones which recognize day-care as an issue and realize they have valuable employees who are leaving because of child care problems."

Home-based care is more practical for employers than corporate day-care centers because the employers have no construction costs and the program can be adjusted quickly to meet the needs of employees, she said.

Further information can be obtained by phoning Ms. Range at 630-7921.

BEST COPY AVAILABLE

The Dallas White Rocker

THURSDAY, DECEMBER 23, 1982

# Child Care Program needs house mothers

A locally-based national pilot day-care program needs support in the White Rock area, a Child Care Dallas official said.

A non-profit United Way agency, Child Care Dallas has been chosen from 3000 applicants as the model of the Parents Choice Project — a broker system in which the agency helps parents find appropriate child care from existent community resources. Child Care is looking for mothers with an infant or toddler to care for three children aged three and under in their own homes.

Forty-five per cent of all women with children under age six are working, putting preschool children in need of child care services, according to the agency. Eighty-four per cent of Texas' working mothers are working out of economic necessity, and an estimated 31,000 Texas preschoolers are left alone to fend for themselves while their parents work.

Child Care Dallas has received grants for a two-year start-up period for toys, equipment and administrators for the project. Working mothers are to pay $49 per week to have their children looked after in this personalized system, that is to be established to be self-supporting and actuarily sound, as a response to federal cutbacks.

House mothers, who will take in the children, will receive $44 per child, per week; with training, equipment and food provided by the agency. House mothers in White Rock are now being sought.

Child Care is also seeking the support of corporations to use the new system to refer working family employees to the day care system. Corporations that have joined include Southland Corporation, Blue Cross, Blue Shield and Republic Bank of Texas.

Diana Range of Child Care Dallas says that Child Care homes have been found in Richardson, Garland and Mesquite, and will be opened in January. Mrs. Range hopes to open 36 day homes by May 1983, serving 125 families.

Offices for the demonstration project will be opened by Jan. 3. Anyone interested in becoming a house mother is urged to call Diana Range at 680-7921.

Child Care Dallas was founded in 1901 by women whose names are still heard around Dallas: Tenison, Sanger, Lawther, Dealey, Everts, Harris and Jalonick, to provide day care and kindergarten to the children of East and North Dallas and the Cotton Mills District.

**********
* SAMPLE *
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CAREGIVER INTAKE

Card # |__|__|__|__|
ID # |__|__|__|__|
AREA 1 2 3 |__|

NAME _____ ZIP CODE |__|__|__|__|__|

ADDRESS _____ CITY _____

PHONE _____ DATE _____

How Recruited:
1. Newspaper 4. Greensheet 7. Friend |__|__|
2. Advertisement 5. Radio 8. Grocery
3. Dr.'s office 6. PTA 9. Church
10. Corporation

Residence:
1. House 2. Apartment 3. Duplex |__|
If house:
a. Fence - 1. Yes 2. No |__|
b. Park - 1. Yes 2. No |__|
c. Heating - 1. Central 2. Space |__|
If space heater:
1. Passable 2. Not passable |__|
1. Alternate 2. No alternate |__|
If Apartment or Duplex:
a. Floors - 1. One 2. 2 or more |__|
b. Location - 1. Upstairs 2. Downstairs |__|
c. Doors - 1. One door 2. 2 doors |__|
d. Fence - 1. Yes 2. No |__|
e. Heating - 1. Central 2. Space |__|
If space heater:
1. Passable 2. Not passable |__|
f. Park - 1. Yes 2. No

Further study recommended:
1. Yes 2. No ____ Interviewer's Initials |__|

Reasons for no further study:
1. Caring for too many children 3. does not/will not meet standards |__|
2. Health of applicant family or family member 4. Not interested

Number of children _____
Ages _____ |__|__|

Follow-up information

_____ Visiting _____ Spaces Available |__|
_____ Home Study _____ No. of Children Placed |__|__|
_____ Contract _____ Day Home Opened |__|__|

Comments (please use back of sheet)

**********
* SAMPLE *
**********

APPLICATION TO PROVIDE CHILD CARE

DATE: _____

WIFE: _____
First Name Birth Date

LAST NAME: _____ HUSBAND: _____
First Name Birth Date

ADDRESS: _____ PHONE NO.: _____
Zip Code

| CHILDREN'S NAMES: | BIRTHDATES: | SCHOOL GRADE/OCCUPATION |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| OTHERS IN HOUSEHOLD | AGE | RELATIONSHIP | OCCUPATION |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

HOUSE _____ APARTMENT _____ NO. ROOMS _____ RENT/OWN _____ FENCED BACK YARD? ____

MARITAL STATUS: MARRIED: ____ WIDOW: ____ DIVORCED: ____ SEPARATED: ____ SINGLE:____

HUSBAND'S EMPLOYER: _____ WEEKLY INCOME: _____

HUSBAND'S EDUCATION: _____ WIFE'S EDUCATION: _____

HEALTH: EXCELLENT:_____ GOOD: _____ FAIR: _____ POOR: _____

WHAT SERIOUS ILLNESS HAVE YOU HAD? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF SO, EXPLAIN _____

_____

WHERE DID YOU HEAR ABOUT THIS PROGRAM? _____

WHY DO YOU WISH TO PROVIDE CHILD CARE? _____

_____

_____

PERSONAL REFERENCES

| NAME | ADDRESS | PHONE | YEARS KNOWN |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

86 Signature of Wife _____

85 Signature of Husband _____

CHILD CARE DALLAS
FAMILY DAY HOME ASSESSMENT PROFILE

| Name of Caregiver: | Date of Initial Assessment: | |
|---|---|---|
| I. ENVIRONMENT<br>A. INDOOR | INITIAL ASSESSMENT | FOLLOW-UP |
| * 1. There is a special "children's" play space which is warm, inviting and attractive. | | |
| 2. A quiet "private" place is easily accessible to each child. | | |
| 3. Areas of the house are open for children to move freely. | | |
| * 4. There is adequate space for each child to rest/nap. | | |
| 5. Cribs are spaced so that infants cannot climb into another crib. | | |
| 6. Low shelves or containers are used for toys when not in use. | | |
| 7. A container is provided for each child to keep her special things. | | |
| 8. Space is organized to meet the developmental needs of the children. | | |
| * 9. Home is well lighted. | | |
| *10. There is adequate ventilation (heating/cooling). | | |
| 11. Materials and equipment are in good repair. | | |
| B. OUTDOOR | | |
| *12. Outdoor play area is fenced. | | |
| *13. Outdoor equipment is in good repair. | | |
| *14. Splintered, rusted or otherwise broken, unsafe equipment is removed from play space. | | |
| 15. Plan of outdoor space permits variety of activities to include: water, digging, and messy activities; | | |
| 16. Climbing, crawling, and sliding; | | |
| 17. Riding and hauling; | | |

* Required upon initial assessment. Other standards must be met once children are in care.

| I. ENVIRONMENT<br>B. OUTDOOR (continued) | | INITIAL ASSESSMENT | FOLLOW-UP |
|---|---|---|---|
| 18. | Creative activities. | | |
| 19. | Materials are changed in response to children's interests or to stimulate and enhance play. | | |
| 20. | There is a convenient storage space for outdoor equipment and materials. | | |
| | C. SAFETY | | |
| 21. | The home and equipment are arranged so the total environment used by the children is safe. | | |
| *22. | Gates or other protective barriers are used where necessary. | | |
| *23. | Safety locks are used where household cleaners, yard sprays, drugs, and other dangerous substances are stored. | | |
| 24. | There is a well-stocked first aid kit and thermometer. | | |
| 25. | Caregiver demonstrates knowledge of first aid. | | |
| 26. | Caregiver demonstrates knowledge of treatment of serious injuries. | | |
| 27. | There is a plan of action for child with rising temperature, rash, vomiting, continuous diarrhea, or other signs of serious illness. | | |
| 28. | Children who have fever, rash, vomiting, or other signs of severe illness are not accepted for care. | | |
| 29. | There are clear guidelines, agreed to by parents, for accepting children who are ill. | | |
| 30. | Information about illness is communicated to parents of other children in care. | | |
| 31. | Medications (both prescription and non-prescription) are given only with written parental permission. | | |
| *32. | Emergency numbers are posted near the telephone. | | |
| 33. | There is a plan for care of other children during an emergency. | | |
| 34. | There is a plan for emergency transportation to hospital/clinic. | | |
| 35. | Seat belts, infant and/or toddler seats are used when children are being transported in the car. | | |
| 36. | Good health habits are practiced and taught to children (hand-washing, brushing teeth, etc.). | | |
| 37. | Meals are planned to meet nutritional needs of young children. | | |

| | I. ENVIRONMENT<br>C. SAFETY (continued) | INITIAL ASSESSMENT | FOLLOW-UP |
|---|---|---|---|
| 38. | Efforts are made to limit the amount of refined sugar and food additives (i.e. orange juice instead of punch). | | |
| 39. | Fresh foods (eggs, vegetables, fruit juice, milk, etc.) are served. | | |
| 40. | There is a plan for natural disasters(i.e. tornadoes, flooding, etc) | | |
| | II. DEVELOPMENT<br>A. EMOTIONAL | | |
| 41. | Organization of daily schedule - there is a consistent sequence of daily activities. | | |
| 42. | Routines are flexible as necessary. | | |
| 43. | The daily routine includes time for arrival, indoor and outdoor play periods, eating, napping, special activities, and departure. | | |
| 44. | Children's TV viewing is limited to two hours per day and restricted to children's programs. | | |
| 45. | Children participate in family life activities in age appropriate ways (help with snack preparation, set table, put toys away, etc.) | | |
| 46. | Children have experiences outside of the day home (walks, go to park or library, etc.) | | |
| 47. | The individual differences and needs of each child are responded to. | | |
| 48. | A reasonable amount of childlike behavior is accepted. | | |
| 49. | There is no physical punishment, verbal abuse, shaming, or rejection of a child whose behavior is being limited. | | |
| 50. | Children are allowed to express a range of emotions. | | |
| 51. | Others who live in the home or visit frequently enjoy and interact appropriately with the children. | | |
| 52. | Snacks/meals are pleasant with positive communication. | | |
| 53. | Caregiver is involved with children the majority of the time. | | |
| 54. | Affection and warmth are offered in words and actions. | | |
| 55. | Caregiver patiently listens to children and answers questions. | | |
| 56. | Caregiver tells children what they <u>can</u> do. | | |

| II. DEVELOPMENT | | INITIAL ASSESSMENT | FOLLOW-UP |
|---|---|---|---|
| | A. EMOTIONAL (continued) | | |
| 57. | Specific praise is used to recognize positive behavior (i.e.: "You put the book right where it belongs.") | | |
| 58. | Caregiver distinguishes between unacceptable behavior and child (i.e. "You must not hit John" vs. "You are a bad boy.") | | |
| 59. | Inappropriate behavior is stopped firmly, calmly, and consistently in an age appropriate manner. | | |
| | B. PHYSICAL | | |
| 60. | Caregiver provides a calming transition period (quiet play, story) before napping. | | |
| 61. | Children's individual "getting read for sleep" needs (special object, ritual patting) are known. | | |
| 62. | Infants are held while being bottle fed. | | |
| 63. | Weaning is done gradually. | | |
| 64. | Good nutritional practices are modeled. | | |
| 65. | Children are urged to taste all foods, but not required to finish. | | |
| 66. | As children become able to feed themselves they are encouraged to do so. | | |
| 67. | Children's readiness for toilet training is known. | | |
| 68. | Children's efforts towards bowel and bladder control are praised. | | |
| 69. | Gentle reminders at appropriate times are given to children being trained. | | |
| 70. | There is no shaming, embarrassment, or punishment for toileting accidents. | | |
| | C. COGNITIVE<br>In addition to the normal contents of any home, the following should be provided: | | |
| 71. | A supply of varied consumable materials available to children (paper, crayons, fingerpaints); | | |
| 72. | A supply of varied permanent materials sufficient for the number of children in care(books, puzzles, manipulative toys, push&pull toys). | | |
| 73. | Materials are appropriate to age groups in size and complexity; | | |
| 74. | Materials reflect the family life styles and ethnic groups of children represented in the day home. | | |

| II. DEVELOPMENT<br>C. COGNITIVE (continued) | | INITIAL ASSESSMENT | FOLLOW-UP |
|---|---|---|---|
| 75. | Language development is encouraged through stories, word games, action songs, and other verbal activities. | | |
| 76. | Opportunity to look at and become familiar with books and be read to every day. | | |
| 77. | The opportunity is presented to engage in manipulative play and practice new skills. | | |
| 78. | Opportunities for dramatic play and make believe are presented. | | |
| 79. | A variety of musical instruments, record or tape player, records & tapes appropriate to age level interests of children are available. | | |
| 80. | Natural materials and materials from the child's own home are an important part of the program. | | |
| 81. | Opportunities for the children to: create, scribble, draw, paint, construct, cut, glue, etc. | | |
| | III. CAREGIVER-PARENT RELATIONSHIPS | | |
| 82. | Communicates daily with parents (informal discussion about child's day, progress, interests, etc.) | | |
| 83. | Uses phone calls and/or sets aside time for occasional parent "visits" to discuss child's progress, mutual concerns & future plans. | | |
| 84. | Collaborates closely with parents to coordinate approach to: toilet training; | | |
| 85. | Weaning; | | |
| 86. | Food transitions; | | |
| 87. | Self-help skills; | | |
| 88. | Intake; | | |
| 89. | Departure. | | |
| 90. | Children's "home routines" are known. | | |
| 91. | When "home routines" can not be followed, alternate plans are discussed and agreed upon with parents. | | |
| 92. | Respect for the child's family is communicated: positive references to family are made during the day. | | |
| 93. | Children are encouraged to talk about their parents. | | |
| 94. | Children are helped to make transitions to home at end of the day. | | |

## FAMILY DAY HOME AGREEMENT STIPULATIONS

The following areas of stipulation should be covered in a family day home agreement, along with any other provisions required by state or local child care licensing authorities or the contract laws of the state:

| | Managed System | Brokered System |
|---|---|---|
| ° Purpose of the agreement | x | x |
| ° Term of the agreement | x | x |
| ° Caregiver compensation | x | |
| ° Fee collection responsibility | | x |
| ° Payment rate, billing procedures | | x |
| ° Number of children to be placed | x | |
| ° Specific expectations | x | |
| policies to be followed | x | |
| meals or snacks to be provided | x | |
| records to be kept | x | x |
| reports to be made | x | x |
| required training | x | x |
| release of children | x | |
| required permissions | x | |
| maintaining confidentiality | x | x |
| ° Equipment responsibility | x | |
| ° Children's program | x | |
| ° Excursions | x | |
| ° Insurance requirements | x | |
| ° Alternate or substitute care | x | |
| ° Parent conferences | x | |
| ° Non-discrimination | x | x |
| ° Termination of agreement | x | x |
| ° Liability | x | x |
| ° Assignment of agreement | x | x |

**********
* SAMPLE *
**********

BROKERED FAMILY DAY HOME SYSTEM
SERVICE DAYS AGREEMENT

Caregiver _____

Address _____

Phone Number _____

Social Security Number _____

Hours Open _____

Capacity _____ Age Range _____ to _____

Registration Date _____

Holidays or Vacation Days

_____ _____

_____ _____

_____ _____

_____ _____

_____

Broker will pay the caregiver up to ___ closed days per year. It is the caregiver's choice to open on days listed above as closed. However, there can be no substitution of closed days, nor addition of closed days once this agreement is signed. Only the days listed above will be paid by Broker. This is a yearly agreement.

I agree to provide service each weekday except for the above days. Dates of this agreement may begin at any time during the year but will end on December 31 of each year. I agree to notify Broker of any day closed that is not listed on this agreement. A backup person is required for the caregiver who closes on days not listed above.

_____
Caregiver Date

_____
Broker

**********
* SAMPLE *
**********

BROKERED FAMILY DAY HOME SYSTEM
ASSESSMENT AGREEMENT

_____ (hereinafter referred to as "Caregiver")

hereby agrees to an assessment of her family day home by _____
name of agency

(hereinafter referred to as "BROKER") subject to the following terms and

provisions:

1. The Family Day Home Program Description and the Child Care Assessment have been read and it is understood that all items designated MANDATORY on the Assessment are required for approval to participate in the program.

2. A representative of the Broker shall be allowed to observe Caregiver's family day home for the purpose of completing a Child Care Assessment.

3. Caregiver shall receive an Assessment Profile from the Broker.

4. Information contained in Caregiver's Assessment Profile may be shared by the Broker with eligible parents who are in the process of selecting child care arrangements.

5. The Caregiver shall restrict use of the Assessment Profile or elements of Assessment Profile and shall not disclose the Assessment Profile to prospective clients or refer to the profile in any way in advertising or publicity of any sort.

6. The Caregiver releases the Broker from any and all liability stemming from the collection, use and release of assessment information in any form.

7. If assessed and approved, Caregiver may elect to sign the Family Day Home System Participation Contract.

SIGNED AND AGREED TO THIS _____ day of _____ 19___

BY: _____

_____

**********
* SAMPLE *
**********

FAMILY DAY HOME ASSESSMENT
Brokered System

Name _____ Date _____

| Yes | | | | Comments |
|---|---|---|---|---|
| | | I. PHYSICAL ENVIRONMENT | | |
| _____ | 1.* | Caregiver has arranged home so that all rooms used by children are safe. | | |
| _____ | 2.* | Caregiver has provided a special indoor play space (either "play room" or a rearranged room used for other purposes by the family) that children can call their "own." | | |
| _____ | 3. | Home is well lighted | | |
| _____ | 4.* | There is adequate ventilation (heating/cooling). | | |
| _____ | 5.* | There is adequate space for each child to rest/nap. (Separate cots, beds, mats are provided; cribs are spaced so that infants cannot climb into another crib.) | | |
| _____ | 6 | A quiet "private" place is easily accessible to each child. | | |
| _____ | 7* | A container is provided for each child to keep her special things. | | |
| _____ | 8. | Toys are stored on low shelves or in containers | | |
| _____ | 9.* | Outdoor play area is fenced. | | |
| _____ | 10. | Outdoor equipment is in good repair (splintered, rusted, or otherwise broken, unsafe equipment is removed from play space.) | | |
| | | II. SAFETY/HEALTH | | |
| _____ | 1.* | All dangerous substances are out of reach of children either through use of safety locks or stored inaccessible where children cannot climb | | |
| _____ | 2.* | Gates or other protective barriers used where necessary | | |
| _____ | 3.* | Windows that open are screened and locked, where necessary | | |
| _____ | 4.* | Emergency numbers are posted near the telephone. | | |
| _____ | 5.* | Caregiver utilizes seat belts, infant &/or toddler seats whenever transporting children in car. | | |

66

* Mandatory

100

SAFETY/HEALTH (Continued)

| Yes | | | | Comments |
|---|---|---|---|---|
| _____ | 6.* | Caregiver has plan for emergency transportation to hospital/clinic | | |
| _____ | 7.* | Caregiver has plan for child who becomes ill during day. | | |
| _____ | 8.* | Caregiver has well-stocked first aid kit and thermometer | | |
| _____ | 9.* | Caregiver is experienced in administering first aid to minor injuries | | |
| _____ | 10.* | Medication (both prescription and non-prescription) are given only with written parental permission | | |
| _____ | 11. | Has clear guidelines, agreed to by parents, for accepting children who are ill. Communicates information about illness to all parents of children in care. | | |
| _____ | 12.* | Good health habits are practiced by the caregiver and taught to children (handwashing, brushing teeth, etc.) | | |
| 100 _____ | 13 | Meals are planned to meet nutritional needs of young children. Efforts are made to limit amount of refined sugar (fruit juice instead of punch), and to serve fresh foods (eggs, vegetables, fruit juice, milk, etc.) | | |

III. ACTIVITIES IN THE HOME

| | | | | |
|---|---|---|---|---|
| _____ | 1. | Supply of varied consumable materials (paper, crayons, fingerpaint, etc.) available to children. | | |
| _____ | 2. | Supply of varied permanent materials (puzzles, pull toys, dress-up clothes, building toys, etc.) Sufficient for number of children in care | | |
| _____ | 3.* | Materials are appropriate to age groups in size and complexity | | |
| _____ | 4. | Materials and equipment are in good repair. | | |
| _____ | 5. | The day is planned. | | |



* Mandat

ACTIVITIES IN THE HOME (Continued)

| Yes | | | | Comments |
|---|---|---|---|---|
| _____ | 6.* | Routines are consistent. | | |
| _____ | 7. | The daily schedule includes time for arrival, indoor & outdoor play periods, eating, napping and departure | | |
| _____ | 8. | Children's TV viewing is limited to 2 hours/day and restricted to programs appropriate for the children in care | | |
| | | The family day care provider plans so that children can: | | |
| _____ | 9.* | create (scribble, draw, paint, construct, cut, glue, mold, etc. | | |
| _____ | 10. | listen to and make music | | |
| _____ | 11. | read or be read to every day | | |
| _____ | 12.* | make-believe | | |
| _____ | 13.* | engage in manipulative play and practice new skills | | |
| _____ | 14. | have experiences outsides of the day care home (walks, park, library, etc. | | |
| _____ | 15. | (school-age children) take part in the activities of the community--YMCA, Scouts, sports, etc. | | |
| _____ | 16.* | participate in family life activities in age appropriate ways (help with snack preparation, set table, putting toys away, etc. | | |
| | | outdoor space permits and encourages a variety of activities: (at least 2 -of next 5- are mandatory | | |
| _____ | 17. | climbing | | |
| _____ | 18. | water/sand/digging | | |
| _____ | 19. | riding/hauling | | |
| _____ | 20. | creative activities | | |
| _____ | 21. | sliding/swinging/jumping | | |

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IV. FOSTERING GROWTH

| | | | | |
|---|---|---|---|---|
| _____ | 1.* | Caregiver is involved with children the majority of the times and includes them in appropriate ways as she does household chores. | | |
| _____ | 2* | Caregiver offers affection and warmth in words and actions | | |
| _____ | 3. | Caregiver listens to children, answers questions patiently | | |

* Mandatory

FOSTERING GROWTH (Continued)

| Yes | | | | Comments |
|---|---|---|---|---|
| _____ | 4. | Caregiver indicates appreciation of individual differences and of the needs of each of the children. | | |
| _____ | 5.* | Reasonable amount of childlike behavior is accepted such as noise, curiosity, messiness, movement, egocentrism | | |
| _____ | 6.* | There is no physical punishment, verbal abuse shaming, rejection of a child whose behavior is being limited | | |
| _____ | 7. | Inappropriate behavior is stopped firmly, calmly and consistently in age appropriate manner. | | |
| | | Caregiver uses "positive" discipline techniques: | | |
| _____ | 8. | Tells children what they can do | | |
| _____ | 9. | Distinguishes between acceptable behavior and child. (e.g. "You must not hit John," vs "You are a bad boy.") | | |
| _____ | 10. | Uses specific praise to recognize positive behavior. (e.g. "You put the book right where it belongs!") | | |
| _____ | 11. | Allows children to express a range of emotions including frustration, anger and unhappiness. | | |
| _____ | 12. | Others who live at the caregiver's home or visit frequently enjoy young children and interact in appropriate ways. | | |
| | | Routines and Transitions: | | |
| _____ | 13.* | Snacks/meals are pleasant with positive communication between caregiver and children | | |
| _____ | 14. | Children are urged to taste all foods, but not required to finish. | | |
| _____ | 15. | Caregiver models good nutritional practices | | |
| _____ | 16. | As children become able to help themselves during feeding they are encouraged to do so. | | |
| _____ | 17.* | Infants are held while being bottle fed. | | |
| _____ | 18.* | Weaning is viewed as a gradual transition. | | |
| _____ | 19. | Caregiver provides a calming transition (quiet play, story) to facilitate napping. | | |

102

* Mandatory

FOSTERING GROWTH (Continued)

| Yes | | | | Comments |
|---|---|---|---|---|
| _____ | 20. | Caregiver knows children's individual "getting ready for sleep" needs (special object, ritual patting, etc.) | | |
| _____ | 21. | Caregiver knows children's cue's for readiness for toilet training | | |
| _____ | 22. | Gives gentle reminders at appropriate times to child being trained. | | |
| _____ | 23. | Praises children's efforts towards control. | | |
| _____ | 24.* | No shaming, embarrassment or punishment for toileting accidents. | | |

V. PARENT COMMUNICATION

| | | | | |
|---|---|---|---|---|
| _____ | 1.* | Communicates daily with parents (informal discussion about child's day, progress, interests, etc.) | | |
| _____ | 2. | Uses phone calls and/or sets aside time for occasional parent "visits" to discuss child's progress, mutual concerns and future plans. | | |
| | | Collaborates closely with parents to coordinate approach to: | | |
| _____ | 3. | toilet training | | |
| _____ | 4. | weaning | | |
| _____ | 5. | food transitions | | |
| _____ | 6. | self-help skills | | |
| _____ | 7. | intake | | |
| _____ | 8. | departure | | |
| _____ | 9. | Children's "home routines" are known by caregiver, who carries them out in family day care setting or plans alternative with parents | | |
| | | Caregiver communicates respect of child's family: | | |
| _____ | 10. | makes positive references during the day | | |
| _____ | 11. | encourages children to talk about their parent(s). | | |
| _____ | 12. | helps child prepare for transition to home at end of day | | |

103

* Mandatory

## EQUIPMENT/SUPPLIES RECOMMENDED FOR EACH HOME

For each child in the home:

1 crib or cot (bumper pads with each crib)
1 storage bin
2 sheets (for each crib and cot)
1 blanket

For the home:

1 receipt book
1 play gym, mobile or busy box per crib
1 double stroller
1 toy shelf
1 high chair
1 play pen
1 baby swing
1 adult rocking chair
4 manipulatives for children over 2 - as needed
1 first-aid kid
1 fire extinguisher
1 tricycle or tyke bike
1 table and chair set
4 infant toys
12 books - selected according to age of children in the home
3 puzzles
2 balls
1 large block set
1 doll
1 baby carriage or grocery cart
1 child's rocker
1 set of wooden blocks

As each home needs them, the following:

1 potty chair
1 walker

**********
* SAMPLE *
**********

# HOME INVENTORY LIST

FAMILY DAY HOME SPECIALIST _____

DATE HOME OPENED _____
DATE HOME CLOSED _____

| FURNITURE | NO. DELIVERED | NO. RETURNED |
|---|---|---|
| Cots | | |
| Crib | | |
| High Chair | | |
| Play Pens | | |
| Potty chair | | |
| Rockers | | |
| Stroller, double | | |
| Table/Chair | | |
| Shelves | | |
| Rockers | | |
| Caddies or Cubbies | | |

| HOUSEHOLD | NO. DELIVERED | NO. RETURNED |
|---|---|---|
| Bumpers | | |
| First Aid | | |
| Fire Ext. | | |
| Sheets, Cot | | |
| Sheets, Crib | | |
| Towels | | |
| Wash Cloths | | |

| BOOKS | NO. DELIVERED | NO. RETURNED |
|---|---|---|
| ABC Word | | |
| Beginning Concept | | |
| Chunky sets | | |
| First Book Set | | |
| Scratch & Sniff | | |
| Touch/feel | | |
| Vinyl set | | |
| Zig Zag | | |

| MANIPULATIVES | NO. DELIVERED | NO. RETURNED |
|---|---|---|
| Balls in a Bowl | | |
| Balls Clutch | | |
| Blocks, pop-up | | |
| Blocks, wood | | |
| Blocks, large plastic | | |
| Busy Box | | |
| Cholly Doll | | |
| Form Fitter | | |
| Ringle Bell | | |
| Puzzles - Beginner Easy Puzzles | | |
| First Puzzles | | |
| Puzzles - Big Bird | | |
| Ernie | | |
| Puzzle Rack | | |
| Crib mounted | | |

| RECORDS | NO. DELIVERED | NO. RETURNED |
|---|---|---|
| And 1 and 2 | | |
| Baby Can Too | | |
| Music 1's & 2's | | |
| Nursery Rhymes | | |
| Tempo for Tots | | |
| Tickly Toddly | | |

| OUTDOOR ITEMS | NO. DELIVERED | NO. RETURNED |
|---|---|---|
| Playground Ball, 5" | | |
| Ball, 6" | | |
| Nerf Ball, 7" | | |
| Foam Blocks | | |
| Safety Cycle | | |
| Coaster Pony | | |
| Corn Popper | | |

OTHER ITEMS NOT LISTED:

_____

_____

_____

## CAREGIVER TRAINING

### "Basic Training"

"Basic training" should be available to caregivers before any families are referred for care. The training must be designed from the outset to foster a sense of professional identity among the caregivers and to strengthen the skills they bring to the job. A minimum of twelve hours of pre-service training is recommended. If a number of caregivers have been selected within the same time period, group training is both efficient and desirable.

Group training can be organized into six, two-hour sessions covering topics such as:

- the role of a family day home caregiver
- the developmental needs of infants and toddlers
- health, safety and nutrition
- the home as a learning environment
- the parent-caregiver relationship
- family day care as a small business

Videotapes, discussion, role-playing, and guided observations in existing day homes are important supplements to workshop or lecture formats.

Individual pre-service training in the caregiver's own home will provide the specific guidelines she needs to get started: how to use various materials with the age groups she will be caring for, how to ease the entry of the children and parents into the new care arrangement, how to complete required forms, etc.

## In-Service Training

One of the key principals to keep in mind in planning in-service training is that it should be industry specific. That is, it should reflect the nature of family day care rather than stemming from more generic child care topics. To the extent possible, it should be designed around the fact that the caregiver's service site is her home. "In-service" in this context means "in-home".

On a regular basis, in-service training will be delivered by the family day home specialist. As the caregiver grows in her role, training should be directed toward areas of need identified by both the family day home specialist and the caregiver herself. In order for this training to be effective, it should be built on the caregiver's daily experiences with the children in her care. This approach offers training responsive to specific objectives rather than broad goals, and it enables the caregiver to bridge the gap between theory and practice. It focuses on competencies rather than abstract learning, giving the caregiver the confidence to cope with new situations herself.

## Video Training

Bringing training into the caregiver's home can also be accomplished through the use of videotapes or television programming. There are videotapes on the market which can be purchased and lent to caregivers, along with supporting

materials to be kept for future reference. Videotapes allow caregivers the opportunity to receive training when they have time available, rather than on a pre-determined schedule which might conflict with the caregiver's personal needs or caregiving time. The system which offers videotapes on loan must remember to provide access to a videoplayer for the caregivers who may not own one.

The other avenue for reaching the caregiver in her home is via television. Our society has most often used television for information, entertainment, and escape--usually aimed at an audience of uninvolved, passive viewers. But television can be used with great success for training, providing that the "telecourse" includes a study guide, self-tests, assignments to be turned in, an instructor whom the caregivers can contact, and that the viewers become active and involved.

Community colleges in many local areas offer training via television and might be willing and able to provide training for family day home caregivers. With adequate publicity, a family day home telecourse will attract non-system caregivers as well, extending the benefits of the training and, perhaps, identifying new caregivers for the system.

If it is not possible to link up with existing educational television efforts, another alternative in many communities is to explore programming on cable television channels dedicated for public access. Cable operators may provide production assistance or expect the programmer (in this case the system) to provide "camera ready" programs on its own. Some corporations who

participate in the family day home system may be able to assist with production; many large companies have their own video equipment or in-house production facilities.

If the system is seriously considering cable programming, it must determine how many caregivers already subscribe to cable television, would be willing to subscribe on their own during the period when the training will be offered, or would require that their subscriptions be paid for. Even if the system pays for the subscriptions, the basic cable service (including public access channels but excluding premium entertainment channels) could turn out to be more cost effective than some other types of training.

## Training Plans

There are five primary ways in which to assess the on-going training needs of a caregiver:

- analysis of any assessment instruments, audits, or other performance measures routinely used
- observation of the caregiving in the family day home
- discussion with the caregiver
- information specifically requested by the caregiver
- feedback from parents

Specific training plans should be designed for each caregiver, based on her needs, the amount of training required, and her learning style. The plan should outline the area or topic to be the focus of the training, the materials and methods to be used, and any supplemental materials to be given

to the caregiver for her independent use. Plans should also include a follow-up to determine whether or not the caregiver has been able to use the new information or knowledge. All training should be offered in ways to enhance the caregiver's self-esteem and increase her sense of professionalism.

Examples of caregiver training summaries for both managed and brokered systems are included at the end of this chapter.

# Supplemental Materials

**********
* SAMPLE *
**********

CAREGIVER TRAINING SUMMARY

MANAGED FAMILY DAY HOME SYSTEM

I. Topic of training (include content summary):

II. Methods and materials used in training:

III. Materials to be left with caregiver after training:

IV. Other resources available:

**********
* SAMPLE *
**********

CAREGIVER TRAINING PLAN

BROKERED FAMILY DAY HOME SYSTEM

_____ _____

Caregiver Contact Person

| Area | Goals (Indicate Short/Long Term) | Action Plan (Indicate Who is Responsible) | Target Date(s) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Signature acknowledges agreement to implement the plan as described above

_____ _____

Caregiver (Date)

_____ _____

Broker (Date)

## PARENT-SYSTEM RELATIONSHIPS

For many young working parents of today, there is no one in the family's history to offer advice on managing a job and parenting, much less on choosing child care. The usual repositories of child rearing knowledge--the grandmothers--are not likely to have worked outside of the home while their children were young.

The family day home system can help by offering information and support to parents in the choice and use of family day home care. Even such a seemingly basic service needs to be "user-friendly". No where is this more true than in the definition of roles and relationships.

The family-caregiver relationship involves three parties: the parents, the caregiver, and the child. The family-system relationship is more complex: the parents, the caregiver, the child, the system staff, and the employer. All parties need to know whose jobs are whose and how these relationships will work.

The caregiver's primary role with parents is to provide good care for their children in ways which are consistent with parental goals and beliefs. However, she must not only provide that care, she must also be the parents' eyes and ears during the hours they are away from their children. Her job is to share with parents anecdotes about the child's day as well as significant occurrences.

The system staff's role with parents is one of on-going support in a constructive and positive way. This role develops through active listening

and genuine interest in the needs and concerns expressed by parents both directly and through the employer. The system should provide many opportunities for parent-staff interaction--from an open invitation for parents to call any time they have a question or concern to planned conferences.

## The Placement Process

The placement process provides the first real opportunity for the system staff, the parents, and the caregiver to interact. By carefully interpreting the meaning of the placement experience for the child, the staff can lead parents to a greater understanding of separation issues and how to deal with them.

The fear and confusion of the child who has reached the stage of separation anxiety can be minimized by concrete plans to help the child, the parent, and the caregiver. A clear-cut placement process can also help the parent deal with feelings of ambivalence regarding leaving the child in care. As part of the process, the parent and child should visit the day home together prior to the child's entry. If possible, the child should be in the day home on a shortened schedule over the first several days. A familiar blanket or favorite toy from home will help the child settle in.

The family day home specialist should visit the day home during the first week and again at the end of the second week. At that time the specialist and caregiver can jointly assess the child's adjustment. A sample assessment form is included at the end of the chapter.

## Parent Conferences

Parents should know at the time of enrollment that conferences will be scheduled. The first is the post-placement conference held two to three weeks after child has entered care. At this time, the child's adjustment to the new situation is reviewed between the parent, the caregiver, and the family day home specialist, with equal input from all. Thereafter, regular conferences should be scheduled at six-month intervals to discuss the child's progress and the parent's satisfaction with the care arrangement.

Work site seminars, hosted by the employer, are another valuable means of communicating with parents. Topics for discussion can cover parenting issues in general or specific child rearing concerns. Although the sessions can take a variety of formats, the following should apply:

- the information shared in the seminars should enable the parents to perceive themselves as more informed or more confident in their parenting roles
- the information should be presented in ways designed to put parents at ease rather than making them anxious or defensive
- the information should be timely and pertinent.

## The Difficult Family

One cannot assume that parents who are corporate employees, particularly those who are professional or managerial, are more sophisticated about child care or are less likely to experience family problems or parenting anxieties

than other clients served by a child care agency. The family day home system--caregivers and staff--must be prepared to work with those parents who present some difficulties.

Such situations can become complicated by the employee's resonse to intervention by the family day home system staff. The employee may express dissatisfaction with the service to her or his employer, yet the staff must respect the confidentiality of the situation. Nonetheless, appropriate intervention can be a positive experience for parents and children. For example, the Child Care Dallas corporate family day home system was barely underway when one employee--a high level manager, well into her career--requested care for her newborn son. Within a month, the staff was able to offer three caregivers--none of whom was acceptable to the parent. She chose her own private arrangement, but enrolled in the system five months later. At that time, she stated unrealistic expectations for her child, described a daily schedule that allowed little or no time for interaction with the baby, and expressed anger over the changes in her lifestyle resulting from parenthood. The system staff observed that her child was functioning at the level of a much younger infant.

Once the child entered care, the family day home specialist began to work with the parent concerning basic child growth and development, pointing out the small but significant milestones in the baby's development. The mother's anger was acknowledged and accepted. The caregiver not only modeled appropriate interactions with the baby, she was very supportive of the parent--sharing her own experiences as a first-time mother. As the child

continued in care, the mother's relationship with the baby improved, and he began to progress developmentally.

## Evaluating Parent Satisfaction

The family day home system will have much to learn from asking parents to evaluate the service. Evaluations should be sought only not from those employees who are using or have used the family day home system, but also from those employees who considered using the system and did not.

For those whose children are enrolled, the evaluation might cover:

- How satisfied are you with the caregiver you chose?
- How well are your child's needs being met by this service?
- Why did you choose the family day home system?
- What do you like best about the service?
- What do you like least about the service?
- What would you like to see changed about the service?
- Would you recommend the service to other parents?
- Is this a good way for your employer to help you with you child care?

For employees who chose not to use the system, the evaluation could include:

- Why did you decide on another care arrangement?
- What kind of care arrangement do you currently have?
- Would you have been more likely to have used the system if the fee was less and/or your employer's financial participation was greater?

- Would you recommend the service to other parents?
- Would you have preferred another kind of child care service through your employer?

To encourage candor, a written evaluation can be completed anonymously or a telephone evaluation can be conducted by an individual hired or borrowed for that purpose. In a new and growing family day home system, all parents should be queried periodically.

The evaluations should be shared among the system staff as a whole and with individual caregivers. Criticisms or suggestions which are persistent or pervasive must be acted upon; all concerns or suggestions should be acknowledged to the extent possible given the anonymity of the respondents.

## Leaving the System

Families will drop out of the system for a variety of reasons, some which the system cannot control (out-of-area relocations, mothers' decisions to stay home), some which the system might have prevented (dissatisfaction with care, increases in fees), and some which appropriately respond to children's changing needs as they mature. Regardless of the reasons, plans should be made for the transition to the new arrangement.

Just as issues of separation must be considered in the placement process, they must be considered in the leave-taking process. Even if the leave-taking is the result of dissatisfaction on the parent's part, the child's attachment to the caregiver must be accepted and acknowledged. If the child

is entering a new care arrangement in the same area, it is helpful for the system caregiver to visit the new setting with the child prior to the change. They can talk about what the new experience will be like and make plans for the child and parents to come back to see the system caregiver once the change has been made. The child who is leaving the area might take a small reminder of the caregiver--a photo or some special toy she or he enjoyed in the home.

The actual plans for transition will depend upon the child's developmental needs and the family situation. In any case, the additional contact with the parent once the child has left the system will provide closure on the experience for everyone involved.

# Supplemental Materials

**********
* SAMPLE *
**********

ASSESSING A CHILD'S ADJUSTMENT TO THE FAMILY DAY HOME

| | |
|---|---|
| WHAT | This form is the first of the child's records after starting in the program. Any points of concern should be discussed. |
| WHO | It is completed by the caregiver and discussed with you. |
| HOW | You will give this form to the caregiver for completion. |
| WHEN | On your first bi-weekly visit after the child starts. |
| WHERE | Place in child's file. |

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**********
* SAMPLE *
**********

## ADJUSTMENT TO THE FAMILY DAY HOME

Child's Name _____ Age ____ Birthdate _____ Entrance Date _____

Parent's Name _____ Date Assessment Made _____

Caregiver's Name _____ Assessment Done By _____

1. Arrival

_____ Eager _____ Passive _____ Unhappy _____ Very unhappy

2. Attitude toward adults present (caregiver and others)

_____ Cooperative
_____ Trusting
_____ Shy
_____ Needs extra attention
_____ Affectionate
_____ Other (explain)

Explanation of Other: _____
_____
_____

3. Relations with other children (check ones that best describe the child):

_____ Friendly
_____ Affectionate
_____ Sympathetic
_____ Prefers to play alone
_____ Initiates play with others
_____ Dependent on others
_____ Plays well with others
_____ Willing to share/take turns
_____ Verbalizes needs/feelings
_____ Leader
_____ Shy
_____ Aggressive
_____ Other (explain)

Explanation of other _____
_____
_____
_____

| 4. Attitude toward routines: | | | | 5. Interests & Activities |
|---|---|---|---|---|
| | Cooperative | Reluctant | Needs Caregiver's Help | Story |
| Snack | | | | Music |
| Rest | | | | Art |
| Lunch | | | | Activities |
| Toileting | | | | Indoor Free Play |
| Washing | | | | |
| Nap | | | | Active Play Outside |
| Caring for Belongings | | | | |

General Impressions: (check appropriate blanks)

_____ Relaxed
_____ Seems secure
_____ Engages in purposeful activity
_____ Concentrates
_____ Controls anger
_____ Energetic
_____ Follows simple directions
_____ Curious
_____ Imaginative
_____ Tense
_____ Fearful
_____ Wanders without purpose
_____ Easily distracted
_____ Has uncontrolled temper outbursts
_____ Tires easily
_____ Difficulty in following directions
_____ Difficulty in making choice of activity
_____ Cries easily, sucks thumb, etc.

Caregiver comments: (Explain any of above in more detail, indicate how regular child's attendance has been. Use back of sheet if necessary.)

_____

_____

## MANAGING THE SYSTEM

Management of the family day home system after the initial development phase is an exacting task. The reasons include the multi-site complexity, the type of staff skills required, the recurring change of focus required by the manager in the daily performance of her job and the need to disseminate to staff, caregivers, and parents the ideals of quality child care.

### Setting Expectations

Successful management of any venture requires clear expectations, clear processes for deciding if these expectations have been met, and a plan of action if the expectations are not met.

In their simplest form, expectations in the family day home system will be expressed as policies or procedures. For example, an emergency procedure is included at the end of this chapter. It delineates very specific steps to follow in the event of a child's injury or sudden illness.

A second level of expectation comes from the standards to be met. The Child Care Dallas Family Day Home Audit, pages 137 through 147, is an example of how standards are defined and regularly monitored in a managed family day home system. Although the caregiver will be audited annually, informal evaluation occurs continuously as the basis for training. If a caregiver consistently fails to improve her service or does not make use of her training, an agreement is put in place which stipulates specifically what improvements are needed and by when they should be observed.

Even more compelling are expectations for staff. The demands upon staff in the day home system are rigorous regardless of whether the system adopts the generalist or specialist approach described in Chapter 3. The breadth of skills, the personal time management abilities needed, and the required balance of tact and firmness comprise expectations that must be articulated even if they are not "auditable."

## Staying on Course

The continuing change of focus from caregiver/contractor to child/client to parent/client to employer/client as well as from field work to office work requires constant redirection to task in order to stay on course. Program goals must be identified. The question frequently arises: "Who is the client?"

In fact, the client is the child since all efforts are directed in one way or another to her or his optimal development. In practice, the client is the child, the parent, and the corporation--each requiring attention. Strong leadership and vision on the part of the system manager are essential to maintaining the proper balance in the potpourri of people with whom the system works.

Yet it is not just the manager who needs leadership skills. The front line staff, whether they come from the field of social work or have an early childhood orientation, must be able to offer leadership and direction to the caregivers with whom they work. Some caregivers may be women of limited

educational and work experience, more at ease in their homes than in work site environments. Staff must provide assessment, direction, encouragement, and training of a specialized nature. They are expected to identify for care-givers the basic elements of quality child care, provide useful information about child development, impress upon them the importance of the work they are doing, and offer support to them. Although previous managerial experience may not be a requirement of the specialist's job, the job has definite managerial dimensions.

## Sharing the Goal

Perhaps the most essential element in the management of the family day home system is sharing the goal with all involved. Interestingly, this sometimes may be the most difficult with parents, who occasionally get caught up in the "better baby" race and lose sight of their babies' needs or whose work and home responsibilities tend to create demands for convenience over quality.

Sometimes it is the corporation seeking "immediate results" who loses sight of the goal--confusing the benefits of providing child care with the reasons for doing so. The reasons are what drives the system: parents' needs for child care in order to work and children's needs for quality care in order to thrive.

Staff must be certain of the goal and share it in earnest, while listening and responding to the input of all parties in the system.

# Supplemental Materials

**********
* SAMPLE *
**********

## EMERGENCY PROCEDURES

### Accidents or Illness

1. When a child becomes sick or is injured in such a way that immediate medical attention is required, the first priority is to get the child to a medical facility as soon as possible while preserving the safety of all other children in care. Follow these steps:

   a. Call alternate caregiver. Arrange for her to come immediately to care for other children in the home.

   b. Inform the family day home specialist. She will call the parent to advise her of the situation. She will meet the caregiver at the emergency room with the child's emergency medical care authorization, unless the caregiver has been unable to arrange alternate care. In that case,

   c. the family day home specialist will go immediately to the family day home so that either she or the caregiver can take the child to the emergency room.

   d. If the caregiver is unable to reach an alternate caregiver or the family day home specialist, she will take all children to the emergency room with her.

2. If a child is taken to the emergency room, have all bills sent to the agency for insurance payment or reimbursement.

3. When a child incurs a minor injury, the caregiver can treat with first aid as appropriate. "Minor injury" is any injury not requiring professional treatment.

4. After an accident resulting in an injury or the onset of a sudden illness, the caregiver must complete an accident/illness report (see form) and place it in the child's folder.

5. Under no circumstances is medication to be given unless:

   a. it is prescribed by a physician treating the child
   b. it is in its original container
   c. the caregiver has written, signed authorization from the parent to administer the medication in the prescribed dosage.

**********
* SAMPLE *
**********

## CHILD ACCIDENT/ILLNESS REPORT

| | |
|---|---|
| WHAT | This form is used to record any accident/illness that requires first aid or professional medical treatment. |
| WHO | This form is completed by the caregiver, then given to the Family Day Home Specialist. |
| WHEN | This form is completed after treatment for accident or illness has been given and follow-up is done. |
| WHERE | The form is placed in the child's folder. |

**********
* SAMPLE *
**********

## CHILD ACCIDENT/ILLNESS REPORT

Date _____ Time _____

Child's Name _____ Age ____ Caregiver _____

Child's Address _____

1. Nature of injury or complaint: bruise _____ burn _____ cut _____
   insect bite _____ redness _____ scrape _____ scratch _____
   swelling _____ other _____
2. Location of injury or complaint (specify part of body):
   _____
3. Cause of accident or injury: _____
   _____
4. Place where accident /injury occurred: inside _____ outside _____
   Other (field trip site) _____
5. Supervising adult _____
   Adult witness(es) _____
6. Treatment: cleaned wound with soap & water _____
   applied antiseptic _____ applied medication _____
   applied bandage _____ recorded temperature _____
   professional medical attention required _____
7. Follow-up: contacted parent immediately _____
   informed parent at pick-up time _____
   contacted physician/hospital _____

_____
(signature)

CHILD CARE DALLAS

FAMILY DAY HOME PROGRAM AUDIT

FAMILY DAY HOME CAREGIVER _____

FAMILY DAY HOME SPECIALIST _____

DATE OF FIRST AUDIT _____

_____
SIGNATURE, FAMILY DAY HOME SPECIALIST

_____
SIGNATURE, FAMILY DAY HOME MANAGER

Copies of this audit in a soft cover, spiral-bound format may be purchased for use in individual day homes.

For information on ordering, please contact:

Child Care Dallas
1499 Regal Row, Suite 400
Dallas, TX 75247
(214) 630-7911

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## INTRODUCTION TO THE FAMILY DAY HOME AUDIT

Prior to participation in the Family Day Home Program Audit, the day home will have met all applicable state and/or local standards for family day homes.

The Family Day Home Audit is used in conjunction with the individual Child Assessment. Together they comprise the central management tools of the family day home program. The audit is a significant part of the program's accountability function. The components of the audit include all segments of the family day home program. The content of the audit reflects agency standards as well as agency philosophy concerning appropriate care for young children. Many of the individual audit items specify elements necessary for optimal development as measured on the individual Child Assessment.

The Family Day Home Audit is completed annually, and space is provided for four audits.

## Family Day Home Program Audit

Rating: 1 - Meets Standards 2 - Partially M[illegible] Standards
3 - Does Not M[illegible]andards

I. PHYSICAL ENVIRONMENT reflects thought and care about the child's developmental needs and needs for comfort and stimulation.

| 1ST | | | 4TH |
|---|---|---|---|
| | | | |

A. Indoors

1) There is a special "children's[illegible] space which is warm, inviting a[illegible] attractive.

2) Some areas of the house[illegible]for children to move freel[illegible]

3) There is sufficien[illegible] spac[illegible] meet licensing requ[illegible]

4) Low shelves op[illegible]tainer[illegible]d for toys whe[illegible]n use.

5) A container[illegible]ed for child to kee[illegible]ial thi[illegible]

6) Space[illegible]rga[illegible]t the dev[illegible]s[illegible]ildren.

7) The ho[illegible]t[illegible]

There is [illegible]uat[illegible]ilation [illegible]eating/c[illegible]ng).

[illegible]ials and [illegible]ment are in [illegible]air.

B. [illegible]rs

10) [illegible]door [illegible]uipment is in good repair.

[illegible]ered, rusted or otherwise b[illegible]n, unsafe equipment is removed from play space.

SAMPLE

| 1ST | 2ND | 3RD | 4TH |
|---|---|---|---|
| | | | |

Plan of outdoor space permits and encourages variety of activities to include:

12) water, digging and messy activities

13) climbing, crawling and sliding

14) riding and hauling

15) Creative activities

16) Materials are changed in response children's developmental , in ests and to stimulate pl

17) There is a conveni orag outdoor equipment eria

C. Safety

18) The home an ipment nged so that th environ ed by the ch safe.

19) Gates or ot ive ba s are whe

20) household c ays or other dang tored.

There a ll- d first aid kit and ther er.

iver ha ic knowledge of id.

s knowledge of CCD ocedures for treatment. f se injuries.

24) is a plan of action for child --- rising temp, rash, vomiting, inuous diarrhea or other signs o serious, or contagious illness.

Children who have fever, rash, vomiting or other signs of severe or contagious illness are not accepted for care.

26) There are clear guidelines, shared with parents about procedures for children who are ill.

SAMPLE

| 1ST | 2ND | 3RD | 4TH |
|---|---|---|---|
| | | | |

27) Information about illness is communicated to parents of other children in care.

28) Medications (both prescription and non-prescription) are given only with written parental permission.

29) Emergency numbers are posted [illegible] telephone.

30) There is a plan for care of other children during an emer[illegible]

31) There is a plan in [illegible]ncy transportation to [illegible]al/[illegible]

32) Seat belts, infan[illegible]tod[illegible] seats are use[illegible]hen [illegible] transported [illegible]e car[illegible]

33) Good heal[illegible] are pr[illegible]nd taught to [illegible](i.e. h[illegible]g, brushing t[illegible]

34) Eff[illegible]re [illegible]t the amount o[illegible] a[illegible]dditives.

35) [illegible]r t[illegible]anned or froz[illegible] as[illegible]n as possible.

[illegible] There [illegible] plan[illegible]ase of natural disasters ([illegible]torna[illegible]es, flooding, etc).

II. De[illegible] env[illegible]ment, structure and leve[illegible] pro[illegible]ided enhance and encour[illegible] a child's development.

A. G[illegible]al

| | | | |
|---|---|---|---|
| | | | |

[illegible]7) [illegible]e is a consistent sequence of [illegible]ly activities.

Daily/Weekly activities reflect the identified individual developmental needs of the children in care.

39) Routines are flexible as necessary.

SAMPLE

| 1ST | 2ND | 3RD | 4TH |
|---|---|---|---|
| | | | |

40) The daily routine includes time for arrival, indoor and outdoor play periods, eating, napping, special activities, and departure.

41) Children's TV viewing is limited.

42) Children's TV viewing is screened for appropriateness and conformance to children's needs.

43) Children participate in family life activities in age appropriate ways (help with snack prepar... set tables, putting t... tc.)

44) Children have expe... s ou... of the day home (wal... lib... etc.)

45) The individual differ... eeds of each chil... respo...

B. Emotional

| | | | |
|---|---|---|---|
| | | | |

46) A quiet "pl... ce is e... acces...ible ... d.

47) A ... n... like ... ed

48) There ... shment, verbal abuse ... ng ... ti... of a child whose be...ior ... ng limited.

... ldren a... owed to express ...ge of e... ns.

... actions with the children by ...ive in the home or visit ...eq... are appropriate.

51) ...ack... eals are pleasant with ...tive communication.

... egiver is involved with children the majority of the time.

Affections and warmth are offered in words and actions.

SAMPLE

| 1ST | 2ND | 3RD | 4TH |
|---|---|---|---|
| | | | |

54) Caregiver tells children what they <u>can</u> do.

55) Caregiver listens to children and answers questions.

56) Specific praise is used to recogni[z]e positive behavior (exp. "you put ... book right where it belongs".)

57) Caregiver distinguishes betwe... acceptable behavior and child (i... "You must not hit John" ... "You're ... a bad boy").

58) Inappropriate behav... ... firmly, calmly an... ...ister... in an age approp... ...per.

59) Caregiver pro...es a ...nsi-tion period ...et play ...) before na...

60) Children's ... ...l "get... ...y for sleep" ...cial ob... ... rit... patt... ...n and ...d).

C. <u>Physio...</u>

| | | | |
|---|---|---|---|
| | | | |

61) Youn... ...el ...hile being bottle ... ...ave never propped.

...ning is ...gradually.

...bits are encouraged.

...re encouraged to taste all food... ...t not required to finish.

...ildren become able to feed them-...es they are encouraged to do so.

Child's readiness for toilet training is known and plans are discussed with parents.

67) Children's efforts towards bowel and bladder control are praised.

SAMPLE

| 1ST | 2ND | 3RD | 4TH |
|---|---|---|---|
| | | | |

68) Gentle reminders at appropriate times are given to child being trained.

69) There is no shaming, embarrassment or punishment for toileting accidents.

D. Cognitive

70) A supply of varied consumable materials are available for c use (paper, crayons, fingerpaint

71) A supply of varied perm ods are available in suffi rs the children in care es, manipulatives, pus toy )

72) Language and devel er aged through storie word on songs and ot erbal es.

73) Day Home opportu look at an amiliar books and very da

74) Mat and les a p ulative

75) Mate s for drama- tic pl e are provided.

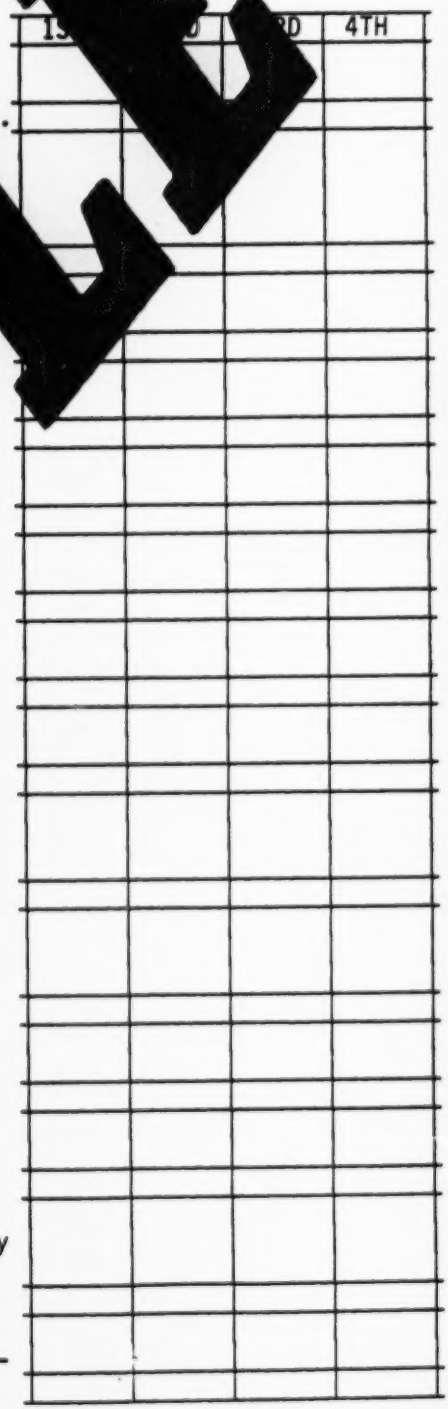
pportuni to pa icipate in ical ac s through the use sical i ments, records, play and records and ropr te to age level children, are provided.

77) atur d found materials and ter s from the child's own home n important part of the program.

re are opportunities for the children to: create, scribble, draw, paint, construct, cut, glue etc.

SAMPLE

III. PARENT-DAY HOME RELATIONSHIP- The family day home caregiver is the pivotal member of the service delivery system. In her manner of dealing with parents she conveys respect and understanding.




79) Caregiver communicates regularly with parents (informal discussio about child's day, progress, i ts).

Caregiver collaborates closely wit to coordinate in the following area

80) toilet training

81) weaning

82) food transiti

83) self help

84) begi g ca

85)

Childr "h tines" are known.

hen "hom utines cannot be fol- ed, alt plans are discussed greed ith parents.

r the child's family is : positive references o fa re made during the day.

89) ild n are encouraged to talk their parents.

ildren are helped to make transition to home at the end of the day.

The attitude and behavior of the family day home caregiver indicate separation and attachment issues are understood.

92) The confidentiality of sensitive information about the family is maintained.

SAMPLE

IV. ASSESSMENT & PLANNING - Careful, thoughtful, and ongoing assessment of individual children's functioning, program quality and caregiver competence are the basis of planning for program development, training and supervision.

A. Individual Child

93) Caregiver possesses general knowl ge of normal growth and developmen

94) When necessary, caregiver ca and record individual children behavior and can respond to it in developementally appro ays.

95) Caregiver is aware o s" about individual c n's or and seeks guidan he Day Home Specialist t and meaning of tha bena

96) Caregiver s chil stment after fir eks in

97) Child Deve essment is u d wit d semi ally.

98) F ividual I eated for m 's

99) The o essments and the IDP sha th the parent in a sensit resp ul manner and rental meeting child's lopment ds is enlisted.

ions the caregiver understanding of the developmental needs as dent in the child's assessments.

101) givers asks for and gets ideas ctivities from other caregivers, cialists, and other resources.

Caregiver understands the skills a child needs for transition into center care.

| | | RD | 4TH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

V. ADMINISTRATION - Because family day care providing is private enterprise, business procedures such as organized recordkeeping and systematic ways of handling day home details are essential.

103) Menus and snacks are planned ahead of time.

104) Food is purchased at regular plann intervals.

105) Time for housekeeping, own family responsibilities, private tim recordkeeping, and meal pr n is comfortably interwove the care of the day ho

106) There is careful ke busi and tax records. Chi edi and developmental record ly and accessibly ed. A and food document s accu kept.

107) Menus, schedu ense ar ed.

SAMPLE

## SYSTEM COSTS

The cost of a family day home system is both site and size specific. It is derived from local salary rates, child care fees, geographic area to be covered, as well as regulatory requirements.

For the purpose of this guide, a cost analysis is presented to describe in broad terms the major cost categories A budget format is also included.

### Start-up Costs

It is important to adequately estimate what the front-end expenses will be. These are costs which accrue to the system before any child arrives for care. They include the following functions:

- program development (developing the system concept and structure; hiring initial staff; recruiting corporations and enrolling families, etc.)
- recruitment and selection of caregivers (staff time, mileage, advertising, telephone, postage, etc.)
- day home development (staff time, training stipends, training materials, equipment and supply purchase for homes, etc.)

Recruitment and selection of caregivers can exceed half of the front-end cost, while program development comprises about a third, and day home

development makes up the remainder. These "capital" costs must be covered in the same way that typical capital costs for a new child care facility (architectural fees, construction costs, equipment expenses, etc.) must be covered. Even though the capital cost of a day home system is less than the capital cost of a child care center, it is still significant.

On-Going Costs

Once the system is operational and both management costs as well as caregiver payments are calculated into the total, the percentages may approximate:

- 20% - program development
- 30% - recruitment and selection of caregivers
- 10% - day home development
- 40% - operations and management

It should be noted that as a day home system grows beyond the development stage (that period from start-up until the system reaches capacity), the operating cost becomes a greater percentage of the total cost, while the other percentages decrease.

Costs can be analyzed according to different units of service:

cost per child care space - the unit cost of each day home space available or utilized for care

cost per child served - the unit cost for each child actually served in the program

cost per family day home - the unit cost of each new day home developed or existing home approved for the system

cost per employee enrolled - the unit cost for each employee enrolled in the system (i.e. for whom a family day home is under development or where child is in care)

cost per employee served - the unit cost for each employee whose child(ren) are actually served in the system

## Budget Preparation

As with any other program budget, some system costs are fixed (e.g. the system manager's salary, office space and other occupancy costs, etc.). Some costs are variable--increasing in direct proportion to the number of children. For example, if supplies cost $1.00 per day per child, then supplies for 50 children will cost $50 per day, and supplies for 75 children will cost $75 per day. Other costs are neither totally fixed nor completely variable; they are semi-variable. These costs increase incrementally rather than proportionately. For example, the cost of hiring a family day home specialist for every new complement of 10-12 homes is semi-variable--increasing only as new increments of service are added.

In budgeting both revenues and expenses for a new program, it's necessary to estimate the length of the period during which the program will not be operating at capacity. Many child care programs require a period of six to eighteen months before they are fully enrolled, and a day home system may require even more time and trust because of the less visible nature of the service. As with cost, this period is likely to be both site and size specific. Fixed costs can be estimated from the beginning of this period; variable and semi-variable costs and revenues can be phased in according to enrollment projections.

Even when the system is operating at full capacity, it is unrealistic to assume that each child care space will be utilized all of the time. Therefore, the budget should reflect both expenses and revenues based on enrollment goals of less than 100%, perhaps in the 85-95% range. For example:

| Number of child care spaces in system | Number of days of service per year | Utilization goal |
|---|---|---|
| 50 | 250 | 90% |

Number of utilization days = 50 x 250 x 90% = 11,250 days
11,250 x cost per day = annual cost
11,250 x fee per day = annual revenue

OR

| Number of child care spaces in system | Number of weeks of service per year | Utilization goal |
|---|---|---|
| 50 | 50 | 90% |

Number of utilization weeks = 50 x 50 x 90% = 2,250 weeks
2,250 x cost per week = annual cost
2,250 x fee per week = annual revenue

Adjusting enrollment projections quarterly to reflect actual rather than estimated utilization will allow more accurate adjustments to cost and revenue projections.

An example of line items required for a family day home system budget is attached.

## SAMPLE BUDGET ITEMS

System Costs (Managed, Brokered, or Referral System)

Staff Salaries
Payroll Taxes (FICA, Worker's Compensation, Unemployment Compensation)
Fringe Benefits (Health Insurance, Life Insurance, Disability Insurance, Retirement, etc.)
Temporary Clerical
Professional Services (legal, audit, etc.)
Occupancy (rent, utilities, security, property insurance)
Telephone (installation, monthly service, long distance)
Office Supplies
Office Furniture and Equipment (purchase and repairs)
Staff Mileage/Parking
Training Equipment (audio-visual equipment, etc.)
Printing
Postage
Training (workshops, conferences, etc.)
Books and Subscriptions
Recruitment Advertising (staff and caregivers)
Bonding of Staff
Insurance for Children
Liability Insurance
Miscellaneous (lunches, meetings, exhibits/displays, debt service, etc.)

PLUS

Day Home/Caregiver Costs (Managed System)

Payments to caregivers (fees and training stipends)
Health and Safety Supplies (first aid kits, fire extinguishers)
Household Supplies (food service supplies, crib sheets, etc.)
Educational Supplies (puzzles, toys, books, records, etc.)
Equipment (cribs, rockers, strollers, tricycles, etc.).

OR

Day Home/Caregiver Costs (Brokered System)

Payments to caregivers

OR

Day Home/Caregiver Costs (Referral System)

None

## Sources of Start-up Funding

Funding for the start-up of the family day home system can be sought from several sources. Corporations can be asked to underwrite the start-up, directly through contributions or as fees based on the number of child care spaces to be developed for each employer. The cost of start-up can also be recovered in the fee charged to employers once the system is operational.

Foundation grants might be available to non-profit organizations for start-up of the system. While it is unrealistic to expect a charitable foundation to grant funds for a program designed to benefit corporations, a system which can demonstrate how it is enhancing child care services to the community at large might be able to attract foundation funding. Moreover, some foundations are interested in projects which enable non-profit agencies to become increasingly self-supporting--a distinct possibility in a successful employer-assisted family day home system.

Local or state departments of economic development or industrial finance boards may fund initiatives designed to create more child care for the work force, either as low-interest loans or as direct grants. If such funding is available only to employers, the system can identify corporations who might be willing to apply for the funds specifically for day home development.

A system which cannot find other sources of start-up funding can consider making a loan from a bank or a group of interested individuals. The repayment of the debt is included in the system's operating budget.

In-kind donations of staff, space, materials, and equipment are another source of start-up support. These may be provided by the organization which is developing the family day home system, other agencies, or the corporations whose employees will be served by the system.

## Sources of Operating Funds

The basic sources of operating funds will be the contracts with corporations and the parent fees. Generally, the corporation should pay for the services it receives from the system (recruitment of caregivers for employees, on-going management, etc.) while the parents should pay for the services they receive from the caregivers. In a managed family day home system, this arrangement will probably approximate a one-third/two-thirds split between employer and employee. Some employers may subsidize the caregiver cost as well--either equally for all employees who are enrolled or on a sliding scale. If a sliding scale is used, some upper income employees may even pay part of the system cost.

The system should explore the possibility of enrolling in the USDA Child Care Food Program to reimburse caregivers for the meals and snacks they serve to the children. This program also provides an administrative reimbursement based on the number of homes which supports the cost of monitoring homes, menu planning, and nutrition training to assure compliance with USDA guidelines.

Again, available in-kind donations of staff, space, supplies, equipment, printing, and other budget line items can provide substantial support for the system.

## The Right Time and The Right Place

Both family day home care as a profession and corporate child care as a direction are in their nascent states. With the United States as a world leader in child development research as well as a nation moving toward full employment, it is indeed ironic that attention to the needs of very young children and their working parents is so haphazard.

Perhaps the most critical step to take before developing an employer-assisted family day home system is to carefully evaluate the level of that attention in one's own area. To what degree is the corporate community aware of the needs of working families? Is child care assistance offered by any employers? Do those who offer flexible benefits or salary reduction plans or flex-time schedules even realize that they are providing child care assistance? Are working parents advocating for themselves inside their corporations?

What is the child care infrastructure in the community? Is there a resource and referral service or a planning agency that has information on child care supply and demand? Are there family day home associations or professional early childhood associations that might include day home caregivers? What is the potential for linkages among groups who might develop day home systems as joint ventures or who have specific areas of expertise to contribute such as training or conducting home studies? Who are these groups? Child care agencies? Community colleges? Adoption or foster care agencies? Other social service agencies? Private child care consultants?

Has the local media "discovered" employer-assisted child care? If there are no local corporate child care programs to feature, do the media see that lack as a story in itself or are they willing to feature what is taking place elsewhere? And who features the information? Is corporate child care seen as an issue for the woman's pages, does it appear in the "lifestyle" section of the trendier newspapers, or is it given serious treatment in the business section?

All of these questions boil down to the issue of whether or not one's community is the right place and is at the right point in time for the development of a family day home system to serve corporate employees. Certainly, in some communities the answer will be a resounding "Yes". In others, a more cautious response will be called for. The planning guide presented at the end of this chapter is designed to organize an approach to answering the question, but it cannot substitute for a long, hard look at the realities.

## Caregivers as a Resource

Along with growing demand for the services of caregivers and the growth of their self awareness as a profession will undoubtedly come concerted efforts of their part to be recognized and to advocate for their own needs. As this process occurs, the following should be kept in mind:

- family day home caregivers provide a sought after service, and they should be treated with respect for the work they do.

- Whenever possible, caregivers should participate in decisions about family day home system policies and procedures.

- Roles and relationships of agency staff and caregivers should be clear, always aimed at facilitating the caregiver's and family's mutual relationship with as little intrusion by system staff as possible.

- Care should be exercised by the system staff to enhance the independence of caregivers. Because many women recruited as caregivers may be working for the first time and lacking in self-confidence, it is essential that the staff not foster dependence.

Since identification as a profession is helped by membership in professional groups, efforts should be made to link system caregivers to existing day home associations. Where day home provider associations do not exist, the system can be instrumental in facilitating their development.

Finally, the system must recognize that the delivery of child care by persons in widely dispersed areas and cultures is at once a strength and a problem. The system staff can never lose sight of the fact that each caregiver's own unique way of serving children should be respected, for it is the diversity and personal quality of family day home care which makes it so appealing. At the same time, these elements create constant pressures on the system to insure that all are working toward a common goal--quality care for young children.

# Supplemental Materials

## EMPLOYER-ASSISTED FAMILY DAY HOME SYSTEM PLANNING GUIDE

| TASK | RESOURCES NEEDED TO COMPLETE TASK | IN YOUR OWN COMMUNITY: |
|---|---|---|
| **Needs Assessement** | | |
| Assessing supply/demand of infant and toddler care | Licensing agency | _____ number of licensed or registered spaces |
| | Child care resource and referral service | _____ number of requests for care |
| **Determining Areas of Community With Likelihood of Need** | | |
| Areas with typically high demand | Child care resource and referral service | _____ area(s) |
| Multi-family housing | Census data, city planning department | _____ area(s) |
| New residential developments | School district projections | _____ area(s) |
| Major employment centers | Visual observations | _____ area(s) |
| **Securing Corporate Participation** | | |
| Identifying Potential Participants | | |
| Types of corporations | Chamber of Commerce, trade associations, economic development councils | _____ industry groups |
| Size of workforce | Business directories, Chamber of Commerce | _____ major employers |
| Per cent of females | Chamber of Commerce, State Employment Commission, census data | _____ corporations |
| Role of unions | Local chapter, Coalition of Labor Union Women; local AFL-CIO officials | _____ union leaders |

| TASK | RESOURCES NEEDED TO COMPLETE TASK | IN YOUR OWN COMMUNITY: |
|---|---|---|
| **Securing Corporate Participation (cont'd)** | | |
| Identifying entry points in each corporation | Board members of your agency | _____ names |
| | Corporate employees you know personally | _____ names |
| | Letters to human resources manager and/or CEO's | _____ names |
| | | _____ names |
| | | _____ names |
| **Funding the Start-up Costs** | | |
| Staff | New or existing personnel | _____ sources |
| Equipment for homes | Foundation grants | _____ sources |
| | Revolving loan fund | _____ sources |
| | Direct donations of equipment from merchants | _____ merchants |
| Caregiver recruitment | Donated ads | _____ newspapers |
| | | _____ newspapers |
| Promotional materials | Donated design and printing | _____ design/advertising companies |
| | | _____ printing companies |
| Training of caregivers | In-house training | _____ agency staff |
| | | _____ agency staff |
| | Community college, etc. | _____ name of institution |
| | | _____ name of institution |
| | Training "packages" e.g. video tapes, written materials, etc. | _____ vendor |
| | | _____ vendor |

| TASK | RESOURCES NEEDED TO COMPLETE TASK | IN YOUR OWN COMMUNITY: |
|---|---|---|
| **Recruiting Caregivers** | | |
| Assessing availability and acceptance of family day homes as a community resource | Licensing agency | number of regulated family day home spaces |
| | | existing day home networks |
| Identifying recruitment methods | Public service announcements | radio, TV public service director |
| | Newspaper stories and ads, especially in small community newspapers | newspapers |
| | Flyers | distribution points |
| | Church newsletters | churches |
| | Pediatricians | doctors' offices |
| | PTA'S | schools |
| | Retired citizens organizations | organizations |
| **Becoming Visible in Community** | | |
| Working with media | Local talk shows on both radio and television | radio programs |
| | | TV programs |
| | Local news on television | TV stations |
| | Press releases to news media including business papers | newspapers |
| | | business papers |
| | Calls to editors for stories and/or photo opportunities | news and feature editors |
| | | photo editors |
| | Public access channels on cable television | contact person |

| TASK | RESOURCES NEEDED TO COMPLETE TASK | IN YOUR OWN COMMUNITY |
|---|---|---|
| **Becoming Visible in Community (cont'd)** | | |
| Attending appropriate meetings | Local personnel association | organization and contact person |
| | Local Chamber of Commerce | contact person |
| | Local business and professional women's group(s) | organization(s) and contact(s) |
| | | organization(s) and contact(s) |
| Displaying information on program | Downtown areas (or other employment centers) with heavy pedestrian traffic at noon | banks, pedestrian malls, etc. |
| | Local shopping malls | areas |
| | Signs on downtown (or other employment center) transit buses | contact person |
| Developing promotional material | Local advertising agency or organization of advertising professionals | agency/contact person |
| Descriptions of program for corporate executives, parents, and media | Advertising/marketing class at local college | institution |

# REORDER FORM

"DEVELOPING AN EMPLOYER-ASSISTED FAMILY DAY HOME SYSTEM"

In 1982, Child Care Dallas was awarded a grant from the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, to develop a family day home system to serve employees of six corporations. The agency's experiences in this venture form the basis of a practical guidebook for corporations, child care providers, social service agencies and others who believe in the potential of day homes as a corporate child care option.

"DEVELOPING AN EMPLOYER-ASSISTED FAMILY DAY HOME SYSTEM" includes discussion of:

* why family day care is an appropriate option for employers to support
* how to determine whether the concept is viable in one's own community
* how to secure corporate participation in the system
* effective strategies for recruiting and selecting caregivers
* ways of assuring and maintaining the delivery of quality child care in the system
* parent-system relationships--from the introduction of the system inside the corporation through utilization of the homes

"DEVELOPING AN EMPLOYER-ASSISTED FAMILY DAY HOME SYSTEM" has been produced in a notebook format and includes samples of job descriptions, caregiver assessments, system procedures, and many other materials.

Copies are $16.95 and may be ordered using the attached form.

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Please send me ___ copies of "DEVELOPING AN EMPLOYER-ASSISTED FAMILY DAY HOME SYSTEM"

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